

Rebecca Terry v. County of Milwaukee, et al.

17CV1112

Transcript of the Testimony of:

Gina Buono, M.D.

April 25, 2018

USLEGAL
SUPPORT
The Power of Commitment™

G
GRAMANN
REPORTING

1 IN THE UNITED STATES DISTRICT COURT
2 EASTERN DISTRICT OF WISCONSIN

3 REBECCA TERRY,

4 Plaintiff,

5 vs.

Case No. 17-CV-1112

6 COUNTY OF MILWAUKEE, et al.,

7 Defendants.

8 -----

9

10 Deposition of GINA BUONO, M.D.

11 Wednesday, April 25th, 2018

12

13 10:45 a.m.

14 at

15 HINSHAW & CULBERTSON, LLP
16 100 East Wisconsin Avenue, Suite 2600
17 Milwaukee, Wisconsin

18

19

20

21

22

23

24 Reported by Kealoha A. Schupp, RPR

25

1 Deposition of GINA BUONO, M.D., a
2 witness in the above-entitled action, taken at the
3 instance of the Plaintiff, pursuant to the Federal
4 Rules of Civil Procedure, pursuant to notice,
5 before Kealoha A. Schupp, RPR and Notary Public,
6 State of Wisconsin, at HINSHAW & CULBERTSON, LLP,
7 100 East Wisconsin Avenue, Suite 2600, Milwaukee,
8 Wisconsin, on the 25th day of April, 2018,
9 commencing at 10:45 a.m. and concluding at
10 12:57 p.m.

11 A P P E A R A N C E S:

12 LOEVY & LOEVY, by
13 Ms. Theresa Kleinhau
14 311 North Aberdeen Street, Third Floor
Chicago, Illinois 60607
Appeared on behalf of Plaintiff.

15 LEIB, KNOTT, GAYNOR, LLC, by
16 Mr. Douglas S. Knott and
17 Mr. Randal N. Arnold
18 219 North Milwaukee Street, Suite 710
Milwaukee, Wisconsin 53202
Appeared on behalf of County of Milwaukee
Defendants.

19 HINSHAW & CULBERTSON, LLP, by
20 Mr. Michael P. Russart
21 100 East Wisconsin Avenue, Suite 2600
Milwaukee, Wisconsin 53202
Appeared on behalf of Armor Correctional
Health Services Defendants.

1

** I N D E X **

2

E X A M I N A T I O N

3

4	BY MS. KLEINHAUS.....	4
5	BY MR. KNOTT.....	91
5	BY MR. RUSSART.....	94

6

7

E X H I B I T S

8

9 EXHIBIT NO. PAGE IDENTIFIED

10	Exh. 1	Communication on Patients' Health Needs	39
11	Exh. 2	Emergency Services Policy	56
12	Exh. 3	3/10/14 Correctional Health Services Report	69
13	Exh. 4	3/14/14 Correctional Health Services Report	79
14	Exh. 5	3/18/14 Correctional Health Services Report	85

15

16 (Original exhibits retained by court reporter and
17 attached to original transcript. Copies provided
18 with additional transcripts.)

19

20

R E Q U E S T S

21

ITEM REQUESTED PAGE

23

24 (None.)

25

Page 4		Page 6
1	TRANSCRIPT OF PROCEEDINGS	1 Q How long have you been working for Wisconsin DOC?
2	GINA BUONO, M.D., called as a witness	2 A About three years.
3	herein, having been first duly sworn on oath, was	3 Q And what is your position there?
4	examined and testified as follows:	4 A I'm one of the associate medical doctors for the
5	EXAMINATION	5 Bureau of Health Services for the Department of
6	BY MS. KLEINHAUS:	6 Corrections.
7	Q Good morning, Dr. Buono.	7 Q Okay. And what do your duties in that role
8	A Good morning.	8 consist of?
9	Q As I told you before we got on the record, my name	9 A I see patients, and I also have administrative
10	is Tess Kleinhaus. I represent Rebecca Terry.	10 duties, which include evaluation of employees,
11	She's the plaintiff in this case.	11 helping to write policy, committee work. Whatever
12	Have you ever given deposition	12 they tell me to do.
13	testimony before?	13 Q Got it.
14	A Yes.	14 And what was your position or
15	Q Okay. How many times have you done that?	15 employer before that?
16	A Twice.	16 A Armor Correctional -- in between
17	Q Okay. And was that in the last couple of years or	17 Armor Correctional and the Milwaukee County -- and
18	pretty recently?	18 Department of Corrections, I worked for a
19	A Ten years ago.	19 locums -- Maxim.
20	Q Okay. Well, just to make it more efficient for	20 Q Can you say that again?
21	both of us, I'll just ask that if you don't	21 A Maxim, M-A-X-I-M.
22	understand my question, if I ask a bad question,	22 Q What is that?
23	just tell me that and I'll rephrase it.	23 A A temp service.
24	If you answer the question, I'm	24 Q Okay.
25	going to assume you understood what I was asking.	25 A But they put me in with the Department of
Page 5		Page 7
1	Is that fair?	1 Corrections, so I worked there first before I got
2	A That's fair.	2 a permanent position.
3	Q Are you on any medication, do you have any medical	3 Q I see. And when you were temping with the
4	condition, that would prevent you from being able	4 Department of Corrections, what type of work were
5	to answer accurately today?	5 you doing for them?
6	A No.	6 A Staff physician.
7	Q Great.	7 Q And were you assigned to a specific facility or
8	A Nothing would prevent me from answering	8 were you floating?
9	accurately. I do have a medical condition, and I	9 A I started at Dodge Correctional, which is kind of
10	am on medication.	10 where they do the training, and then I was
11	Q Got it.	11 assigned to Racine Correctional.
12	And I'm going to try my best not to	12 Q Got it.
13	talk over you, not to interrupt you. If you can	13 And about how long were you working
14	do the same for me, that will make it easier for	14 for DOC through Maxim before you were hired on
15	our court reporter. Is that fair?	15 full-time?
16	A Yes.	16 A I don't recall.
17	Q And the other piece of that is we both have to	17 Q What were the dates of your employment with
18	remember to answer out loud so she has something	18 Armor Correctional?
19	she can take down instead of gestures. So I'll	19 A I don't recall.
20	try and remind you and you can try and remind me	20 Q How about, in general, the years?
21	and make it more efficient.	21 A 2014-2015.
22	Okay. What is -- who's your	22 Q So you think a total of about two years?
23	current employer?	23 A I don't even think it was two years.
24	A The Department of Corrections for the State of	24 Q Not even. Okay.
25	Wisconsin	25 Prior to being employed by

		Page 8	Page 10
1	Armor Correctional, where did you work?		1 mistaken.
2	A Aurora Lakeshore Medical.		2 Tell me where Albany Medical
3	Q And what type of work were you doing for Aurora?		3 College is located, please.
4	A I was an occupational environmental medicine		4 A Albany, New York.
5	physician, I was the chairman of their		5 Q Stands to reason.
6	occupational medicine department, and I did		6 Did you -- are you board-certified
7	internal medicine.		7 in any areas?
8	Q And how long did you practice at Aurora?		8 A I'm board-certified in occupational environmental
9	A About five years.		9 medicine and in internal medicine and public
10	Q Okay. Other than the work for Wisconsin DOC and		10 health preventative medicine.
11	Armor Correctional, have you ever done any other		11 I'm not sure if I'm still
12	work in a corrections environment? I'm including		12 board-certified in public health preventative
13	prisons, jails --		13 medicine. You had to do that before you got
14	A No.		14 occupational medicine.
15	Q -- mental -- okay.		15 Q Okay. And do you know how often you have to renew
16	So we've talked about all the		16 the internal medicine certification?
17	corrections work that you've done, right?		17 A It has changed. You have to maintain your
18	A Correct.		18 certification now, and then I think you have to
19	Q Okay. What's the highest level of education that		19 actually take the test every ten years.
20	you have?		20 Q Okay. All right. Am I correct that you never
21	A Well, does the M.D. trump the master's --		21 practiced in the area of OB/GYN or midwifery or
22	Q Maybe tell me about both.		22 reproductive health?
23	A -- or does the master's trump the M.D.?		23 A Never willingly.
24	So I -- do you want a rundown of my		24 Q Okay. Tell me about when you did it unwillingly.
25	CV kind of thing?		25 A I worked as a general medical officer in
		Page 9	Page 11
1	Q Sure. Yeah. We can start with either one.		1 Yukon-Kuskokwim Delta Hospital. When I was on
2	A All right. So I graduated St. Joseph's College		2 call, I was responsible to deliver babies.
3	with a bachelor's in chemistry. I went to Albany		3 Q And about how long ago was it that you had that
4	Medical College, graduated in 1985 with an M.D.		4 responsibility?
5	Did a year of pediatrics, four years of internal		5 A Thirty years.
6	medicine.		6 Q Okay. And --
7	I worked for the United States		7 A Prior to that I had no training.
8	Public Health Service as a general medical		8 Q No wonder it was unwilling.
9	officer. I worked -- I then went back and got a		9 A Yeah.
10	master's and a fellowship in occupational medicine		10 Q How many deliveries were you part of?
11	and in public health. In 1996, then I took a job		11 A Forty. I did not do their OB care, however.
12	here in occupational medicine for like 13 years.		12 Basically I'm on call, and they would call me and
13	Waited till my kids grew up,		13 say, "Dr. Buono, guess what."
14	returned to internal medicine. That's when I took		14 Q That's rough.
15	the job with Aurora.		15 All right. Don't be offended by
16	Q Got it. And who did you do the occupational		16 this. I ask everybody, every professional witness
17	medicine for for 13 years?		17 about this, but have you ever had any discipline
18	A I did that with several employers. One of them		18 related to your license --
19	was Work Injury Care Center/Sensia. They changed		19 A No.
20	their name. And then I was with Medical		20 Q -- to practice?
21	Associates in Menomonee Falls. And then I was		21 Have you ever had any kind of
22	with Aurora Lakeshore.		22 investigation related to your license?
23	Every place I went got bought out.		23 A I had one lady who said that I was -- it was a
24	I think it's me.		24 case with carpal tunnel, when I was in
25	Q I think it's the industry you're in, if I'm not		25 occupational medicine. My opinion was that her

Page 12	Page 14
<p>1 carpal tunnel was not related to her job. 2 She put a complaint into the 3 medical board. The medical board reviewed it, and 4 they found in my favor.</p>	<p>1 Q Was there anything in particular about doing 2 correctional medicine through Armor that 3 interested you or drew you to that position? 4 A A paycheck interested me a lot.</p>
<p>5 Q Got it. 6 A Also, when I worked in this current job, a young 7 man said that I -- what was it he said?</p>	<p>5 Q Got it. We can all agree on that. 6 Anything else?</p>
<p>8 The way the prison system works, if 9 an inmate has a complaint, they have to bring it 10 through a complaint system.</p>	<p>7 A It looked like it had pretty good benefits. The 8 job looked good.</p>
<p>11 He complained that I did not treat 12 his hand appropriately because I wouldn't give him 13 the medication that he asked for for his pain.</p>	<p>9 Q Okay. 10 A And that it was also a position as a medical 11 director, which is a step up for me.</p>
<p>12 Q From where you were? 13 A Yes.</p>	<p>14 Q Okay. And the entire time that you were at Armor 15 in the 2014-2015 period, did you hold the "medical 16 director" title?</p>
<p>17 Q Got it. 18 Were you ever an employee of 19 Milwaukee County Jail -- or I'm sorry. Let me 20 rephrase that to make it better.</p>	<p>17 A Yes. 18 Q And were your job duties consistent throughout 19 that time period, or did they like change? Was 20 there a point where job duties were added or taken 21 away from that role?</p>
<p>21 Were you ever an employee of 22 Milwaukee County?</p>	<p>22 A I was ramped up to the role. So initially, you 23 know, I was working with Dr. Gable, who was there 24 at the time, and then he explained the duties.</p>
<p>23 A No. 24 Q Okay. So -- and I -- it's not a trick question, 25 and maybe I'm not asking it well.</p>	<p>25 Q Okay.</p>
Page 13	Page 15
<p>1 The whole time that you were 2 practicing through Armor at Milwaukee County Jail, 3 you were an employee of Armor, correct?</p>	<p>1 A And then eventually they became my duties. 2 Q Okay. So there was sort of a training period, but 3 in terms of what was expected of you, it was the 4 same role throughout; you didn't --</p>
<p>4 A Correct. 5 Q Okay. And how did you first learn of the position 6 at Armor or become interested in applying for that 7 position?</p>	<p>5 A Yes. 6 Q -- change your responsibilities?</p>
<p>8 A I went on Indeed. 9 Q And that's a job search website, right?</p>	<p>7 A Not really. 8 Q Okay. That will make it quicker for us.</p>
<p>10 A Correct. 11 Q Okay. Were you familiar with Armor Correctional 12 prior to that?</p>	<p>9 What was Dr. Gable's role when you 10 started working for Armor?</p>
<p>13 A No. 14 Q Okay. And I apologize if I asked you this 15 already.</p>	<p>11 A He was the acting medical director for both the 12 HOC and for Milwaukee County Jail. 13 Q And "HOC" is House of Corrections?</p>
<p>16 You started with them around 2014 17 sometime. Is that about right?</p>	<p>14 A Yes. 15 Q Okay. Do you know how long he had been in the 16 role of medical director at Milwaukee County Jail?</p>
<p>18 A We're taking a guess. 19 Q All right. Do you have any knowledge of when 20 Armor got the contract with Milwaukee County Jail?</p>	<p>17 A No. 18 Q Is Dr. Gable the person who decided to hire you?</p>
<p>21 A No. 22 Q Okay. Did you apply with Armor just one time and 23 go through the interview process, or did you apply 24 more than once?</p>	<p>19 A I was interviewed by Dr. Gable and several other 20 people, whose names I don't recall, but they were 21 the executive team. 22 Q Got it.</p>
<p>25 A One time.</p>	<p>23 You described being ramped up into 24 that role.</p>

Page 16

Page 18

1 provided to be the medical director at
2 Milwaukee County Jail?

3 MR. RUSSART: Objection. Broad.
4 Go ahead and answer, if you can.

5 THE WITNESS: Kind of, you know, what he
6 did during the day, I would basically -- he showed
7 me what he did, and I kind of would do it.

8 BY MS. KLEINHAUS:

9 Q So you shadowed him?
10 A Pretty much.

11 Q Okay. About how long did you shadow him in that
12 role?

13 A I can't remember.

14 Q Okay. Were you provided any training by -- other
15 than Dr. Gable, were you provided any other
16 training by any Armor employee or by Armor?

17 A I don't actually recall.

18 Q Okay. Can you explain to me how the medical
19 director position worked? Was it like a
20 nine-to-five gig, or were you on call? How did
21 your shift work -- how did that work? Excuse me.

22 A I was always on call, 24 hours a day/seven days a
23 week. I was second call to the nurse
24 practitioners, who took primary call. If the
25 nurses couldn't reach the nurse practitioners,

1 MR. KNOTT: Join the objection.

2 BY MS. KLEINHAUS:

3 Q Go ahead.

4 A Everybody's objecting. Should I answer?

5 MR. RUSSART: Yes.

6 MS. KLEINHAUS: You still answer. Yeah.
7 They're just --

8 MR. RUSSART: Unless I say don't answer.

9 THE WITNESS: Okay. All right.

10 MR. RUSSART: Might not happen.

11 THE WITNESS: So I was this level of
12 care here (gesturing), so the nurse practitioners
13 and nurses could call me first. And if there was
14 an issue I couldn't resolve, I could call
15 Dr. Gable or Dr. Mays.

16 BY MS. KLEINHAUS:

17 Q Okay. That helps. So --

18 MR. RUSSART: Just for correction, it's
19 Dr. May, M-A-Y.

20 THE WITNESS: Sorry.

21 MR. RUSSART: That's all right.

22 BY MS. KLEINHAUS:

23 Q So what was Dr. Gable's job title?

24 A I don't recall.

25 Q But he was -- for lack of a better term, he was

Page 17

Page 19

1 they called me. If they thought it was a
2 medical-director-level thing, they called me.
3 They called me for the intake orders, to cosign
4 them, for medications, things like that.
5 Basically the buck stopped here.

6 Q Okay. When you say "the buck stopped here," you
7 mean you were ultimately responsible for the
8 medical care that was being provided at the jail?

9 MR. RUSSART: Objection. Calls for a
10 legal conclusion.

11 Answer if you can.

12 THE WITNESS: I was not ultimately
13 responsible. I was responsible for --

14 MS. KLEINHAUS: I can rephrase it.

15 THE WITNESS: -- support. Yeah.

16 BY MS. KLEINHAUS:

17 Q I don't mean ultimately responsible in a legal or
18 a liability sense. I mean, in terms of someone
19 with substantive medical knowledge, were you the
20 highest level person?

21 A I was not, actually.

22 MR. RUSSART: I have an objection
23 because I don't think you can separate legal from
24 medical.

25 But go ahead and answer.

1 superior to you in the hierarchy; is that right?

2 A Yes.

3 Q And what about Dr. May?

4 A Also superior to me. He's the medical director
5 of, I think, everything.

6 MR. RUSSART: Yeah. He's the chief
7 medical officer for Armor. I can stipulate to
8 that.

9 BY MS. KLEINHAUS:

10 Q You mentioned being on call 24 hours a day/seven
11 days per week.

12 A Unless I was on vacation and someone was covering
13 for me.

14 Q Okay. Was there any other physician that was
15 also -- had that similar responsibility of being
16 on call 24 hours a day/seven days per week?

17 A Dr. Gable was always available, and Dr. May was
18 also available.

19 Q But they were calls after you in the phone chain;
20 is that right?

21 A Right.

22 Q Okay.

23 A So if I couldn't answer the question, either I
24 would call Dr. Gable or Dr. May, or whoever would

25 call Dr. Gable or Dr. May.

Page 20

Page 22

1 Q Okay. You mentioned that you would cosign intake
 2 orders. Tell me what you mean by that.
 3 A When an individual would come into the facility,
 4 if they were on medications that could be verified
 5 by nursing, we would try and continue their
 6 medications. So we would -- I would cosign the
 7 orders to continue their medications that were
 8 verified.
 9 Q Okay. In addition to being on call all the time,
 10 were you responsible for making -- for doing
 11 patient visits at the jail -- or appointments?
 12 Sorry.
 13 A I didn't have set appointments. I would cover the
 14 special medical unit, make rounds there. I would
 15 see any patients that the nurse practitioners had
 16 issues with that they wanted to consult me on.
 17 Q So is it correct for me to say you didn't have
 18 regular hours in the clinic?
 19 A Correct.
 20 Q And how often would you make rounds in the SMU?
 21 A Daily.
 22 Q And was there a specific time of day that you did
 23 that?
 24 A Usually in the morning.
 25 On weekends we had nurse

Page 21

Page 23

1 practitioner coverage, so they would round on the
 2 weekends.
 3 Q And when you mentioned you would see anyone that
 4 the nurse practitioners had questions about, would
 5 that be specific to people in the SMU, or could
 6 that be any patient at the jail?
 7 A Anywhere.
 8 Q Okay. And when you would do rounds at the SMU in
 9 the morning, what did that consist of?
 10 A Just like hospital rounds: making rounds on the
 11 patients, reading their charts, checking their
 12 labs, ordering what they needed.
 13 Q And would you go to the SMU to do that?
 14 A Yes.
 15 Q And would you go cell by cell, or could they come
 16 out to a medical area? How would that work?
 17 A In general, you like them to be in their cells for
 18 privacy.
 19 Q Okay. In your role as medical director, did you
 20 have any responsibility to decide who would be
 21 sent out to the hospital from booking?
 22 A Yes.
 23 Q Did anyone else have that responsibility?
 24 A The nurse practitioner, who would be on call or
 25 who would be the person covering during the day

1 I believe this is what we used to do.
 2 So for each day during the day,
 3 someone -- one of the nurse practitioners would be
 4 covering booking, and I'd be covering usually at
 5 night. Not always, though. I'm usually like the
 6 second call. So there'd be someone for nighttime,
 7 and then there'd be me.
 8 Q Okay.
 9 A So during the day, if they had a question about
 10 something, they would talk to me, or the nurses
 11 would call me and say, hey, we have concerns about
 12 this patient, and I'd say send them out.
 13 Q How did you make the decision of who should be
 14 sent out to the hospital?
 15 Did Armor provide you any
 16 information about who they wanted sent out or --
 17 A No. That's a medical decision.
 18 Q Did you, in your role as medical director, have
 19 any decision-making role in whether an inmate was
 20 sent to the SMU versus being sent to a regular
 21 housing pod?
 22 A Armor has some policies that were automatic, and I
 23 had some discretionary ability to have them put in
 24 the SMU.
 25 Q And would that -- when you mention the Armor

1 policies that would designate certain categories
 2 of inmates who needed to go to SMU, would that be
 3 like the infirmary policy?
 4 A Infirmary and SMU are not the same. The jail did
 5 not have a true infirmary. That was an old
 6 designation. Infirmary implies a certain level of
 7 staffing, and that was not the case. It
 8 functioned more like a special medical
 9 unit/observation unit.
 10 Q I understand that. My question was a little bit
 11 different, which is just what Armor policy was it
 12 that designated the categories of patients or
 13 inmates who needed to go to the SMU?
 14 A I don't recall.
 15 MR. KNOTT: I'm sorry. What was the
 16 answer?
 17 MR. RUSSART: "I don't recall."
 18 THE WITNESS: I don't recall.
 19 MR. KNOTT: Thanks.
 20 THE WITNESS: I don't recall policy
 21 numbers and things.
 22 BY MS. KLEINHAUS:
 23 Q I understand. If you think of it, like the name
 24 of it or something close, will you let me know?
 25 A Yeah.

Page 24

Page 26

1 Q Okay. During the time that you were employed by
 2 Armor working at the Milwaukee County Jail, did
 3 you become familiar with the Christensen consent
 4 decree?

5 A Yes.

6 Q Tell me what you learned about that.

7 A That the jail was under consent decree related to
 8 the death of an individual, I believe, in booking.
 9 The family sued, and part of the settlement was to
 10 have the jail supervised by a -- I don't know what
 11 his title is.

12 Q Like a medical monitor, something like that?

13 A A medical monitor. And that was Dr. Shansky.

14 Q Did you have any interactions with Dr. Shansky
 15 during the time that --

16 A Oh, yeah.

17 Q -- you were working at Armor? Okay.

18 What did that consist of?

19 A He would come several times a -- in the year -- I
 20 forget how often he was supposed to come -- and
 21 just see how things were going as far as meeting
 22 standards.

23 We were trying to get NCHC --

24 THE WITNESS: NCHCC?

25 MR. RUSSART: NCCHC.

Page 25

Page 27

1 THE WITNESS: -- NCCHC certified.

2 BY MS. KLEINHAUS:

3 Q And that's an accreditation organization for --

4 A For prisons --

5 Q -- correctional facilities?

6 A -- and jails. Yeah.

7 Q Okay. Did Dr. Shansky collect any data or
 8 information from you in order to fulfill his role
 9 as medical monitor?

10 A From me specifically, no. He would just generally
 11 talk to me. But he did collect data, I'm fairly
 12 certain, from the staff, I believe from the
 13 nursing supervisor or the DON, and the HSU
 14 administrator. And I'm not sure if that's the
 15 correct title for that individual.

16 Q Sure. When Dr. Shansky would talk with you, would
 17 he do like an interview and ask you questions and
 18 try and find out what was happening at the jail,
 19 or what would that discussion consist of?

20 A How are things going, my concerns or questions.

21 Q And -- you mean yours or Dr. Shansky's?

22 A My concerns, do I have any concerns.

23 Q Okay.

24 A But, in general, I didn't interact at that level
 25 with him.

1 Q Okay. Did you ever share any concerns with him?
 2 A I don't recall.

3 Q I know in this case we've heard people use the
 4 term "correctional healthcare."

5 Were you ever given any training
 6 related to correctional healthcare versus any
 7 other kind of healthcare?

8 MR. RUSSART: Object to the premise of
 9 the question.

10 MS. KLEINHAUS: That's not a proper
 11 objection.

12 BY MS. KLEINHAUS:

13 Q But go ahead.

14 MR. RUSSART: Object to the form of the
 15 question.

16 BY MS. KLEINHAUS:

17 Q Go ahead.

18 MR. RUSSART: Is that better?

19 THE WITNESS: Can you explain the
 20 question?

21 BY MS. KLEINHAUS:

22 Q Sure. I've heard the phrase "correctional
 23 healthcare," and I will confess to you that it
 24 doesn't actually make sense to me because it -- I
 25 am not able to make a distinction between

1 healthcare and correctional healthcare. So I was
 2 asking you, as someone who's in that profession,
 3 if you can explain that to me, please.

4 MR. RUSSART: Object to the form of the
 5 question.

6 MR. KNOTT: Join the objection.

7 BY MS. KLEINHAUS:

8 Q Go ahead.

9 A Okay. Initially I had -- it was just healthcare
 10 in a correctional facility. Healthcare is
 11 healthcare. And then I did take the -- I always
 12 get this wrong -- NCCHC course so that I better
 13 understood what was -- what is expected in a
 14 correctional facility.

15 There are certain limitations in
 16 the facility and certain expectations. So I took
 17 that course.

18 Q Okay. That helps.

19 A Does that make sense?

20 Q Yep. I understand.

21 A Okay.

22 Q So was that course like an Internet course, or did
 23 you go somewhere --

24 A It's a book.

25 Q It's a book. Okay.

Page 28

Page 30

1 A Read a book, take a test.
 2 Q And is that something offered through NCCHC that
 3 you could, for example, order from them --
 4 A Yes.
 5 Q -- and take a look at? Okay.
 6 So is it fair to say that during
 7 your time working at the jail, Dr. Gable was your
 8 supervisor?
 9 A Yes.
 10 Q Did he ever conduct any evaluations of your
 11 performance while you were there?
 12 A I don't recall.
 13 Q When you read the book on -- from NCCHC, was that
 14 at the beginning of your time working at the jail,
 15 or do you recall when that was?
 16 A More toward the end.
 17 Q Towards the end? Okay.
 18 A We were getting closer to being NCCHC certified,
 19 and they wanted us all to get that certification.
 20 Q Okay. Do you know if -- or I'm sorry. Strike
 21 that, please.
 22 When did the Milwaukee County Jail
 23 get the NCCHC certification?
 24 A I don't recall.
 25 Q Do you know if it had it when you started working

Page 29

Page 31

1 in the jail?
 2 A It did not.
 3 Q Do you know if it had it when you left or stopped
 4 working there?
 5 A I don't recall.
 6 Q Were you ever given any kind of employee handbook
 7 by Armor?
 8 A I don't recall.
 9 Q Were you ever required to attend any
 10 in-service-type training, by which I mean, a
 11 periodic day-long training or a few hours of
 12 training, through Armor?
 13 A We went to something down in Florida, but I don't
 14 think that was an in-service. I think that was
 15 more of a -- I don't actually recall what it was.
 16 It was not so much training as a meeting, where we
 17 all got together and discussed -- or they
 18 presented to us different things in Armor, but I
 19 don't recall what it was all about. It was a
 20 while ago. But it wasn't a training-type thing.
 21 Q Okay. What types of topics did they go over in
 22 the presentation?
 23 A The only one I remember vividly is just the
 24 pharmacy.
 25 Q Okay. Any particular reason that sticks in your

1 mind?
 2 A It was very cool.
 3 Q What was cool about it?
 4 A The woman who presented it was just very on
 5 target.
 6 Q So I'm not in your industry, so it's less familiar
 7 to me.
 8 So would that be a presentation
 9 like on new medications you could prescribe or --
 10 MR. RUSSART: Object to the form of the
 11 question.
 12 And I have to make a comment, all
 13 right? Because Ms. Kleinhaus is representing
 14 herself as someone who's naive about correctional
 15 care, and as a lawyer who does a lot of civil
 16 rights work, she's not, okay?
 17 THE WITNESS: Anyway, so, I'm sorry.
 18 What was your question?
 19 BY MS. KLEINHAUS:
 20 Q My question was: What was presented in the
 21 pharmacy presentation in Florida that struck you?
 22 A The -- our formulary.
 23 Q And what's the formulary?
 24 A The formulary is what medications we have
 25 available.

1 Q And was it cool because there were things
 2 available that you weren't familiar with before
 3 that?
 4 A No. Just the woman who presented it was just
 5 really cool.
 6 Q Oh. Like her presentation was just --
 7 A Her presentation was cool --
 8 Q You liked it.
 9 A -- it was a good presentation. Right.
 10 Q Okay. I got it now.
 11 A I mean, I would like her to give every
 12 presentation. She was that good.
 13 Q Okay. Were you given any information during that
 14 presentation about, you know, utilization of
 15 resources or resource management --
 16 A I don't recall.
 17 Q -- that type of thing? Okay.
 18 In the book that you got from
 19 NCCHC, was there any discussion about the needs of
 20 pregnant inmates?
 21 A I don't recall. I've not since read that book
 22 again.
 23 Q Do you recall the name of it?
 24 A It's the NCCHC standards for jails and prisons.
 25 You can get it on the Internet.

	Page 32	Page 34
1 Q Okay. I've read about the term "quality improvement" in some of the Armor materials.		1 A More so than was required.
2		2 Q I understand.
3 Were you part of any quality		3 A But I don't recall what the policy was for nursing
4 improvement efforts when you were at		4 staff, if that's your question.
5 Milwaukee County Jail?		5 Q Right. So, for example, if a nurse was assigned
6 A I was not on the CQI committee, per se. My job		6 to the infirmary first shift, the infirmary's part
7 was to take care of people in the appropriate way.		7 of her possibilities --
8 In doing that, I would suspect I would improve the		8 A I don't recall at all.
9 quality of care they got.		9 Q You don't know how often she would need to go
10 Q Sure. And I was sort of using it in like the		10 check on the inmates?
11 trademarked version.		11 MR. RUSSART: Object to the form of the
12 A Right.		12 question insofar as it infers there was an
13 Q I understand that you were, I'm sure, as a		13 infirmary.
14 professional, trying to improve the quality of		14 MR. KNOTT: Also vague as to time.
15 your care. So I didn't -- don't take any offense.		15 Join.
16 But what -- so what was the CQI		16 BY MS. KLEINHAUS:
17 committee?		17 Q Okay. You should know if I say "infirmary," I'm
18 A The committee who dealt with quality improvement		18 doing -- I'm using it interchangeably with the
19 for the jail.		19 SMU, because I've had other cases at
20 Q Okay. How did they try to accomplish that?		20 Milwaukee County Jail, and the corrections staff
21 MR. RUSSART: Foundation.		21 there use those terms interchangeably. So I'm not
22 If you know, you can answer.		22 trying to confuse you. You know there's nothing
23 THE WITNESS: I can't really answer.		23 that you considered an infirmary. So if I say
24 BY MS. KLEINHAUS:		24 that, I just mean the SMU.
25 Q Who was on that committee?		25 A Okay.
	Page 33	Page 35
1 A Don't recall.		1 Q Okay?
2 Q Do you know if Dr. Gable was on it?		2 A But I still don't recall what their policy for
3 A I do not recall if he was on the committee.		3 rounding in the SMU was.
4 Q Do you know if the committee would ever do any		4 Q Got it.
5 audits of patient files to determine -- you know,		5 Who was the health services
6 try to identify any patterns?		6 administrator when you worked for Armor at the
7 MR. KNOTT: Object. Foundation.		7 Milwaukee County Jail?
8 THE WITNESS: I don't know.		8 A I don't recall.
9 BY MS. KLEINHAUS:		9 Q Did you have to report to that person in any way?
10 Q Other than the rounds in the SMU that you would do		10 A I reported to -- so I don't recall -- I don't
11 each morning at the beginning of the day, did you		11 recall the titles.
12 have any role in determining -- I'm sorry. Strike		12 The person I reported to most often
13 that, please. I can ask it better.		13 was Rusty Perry.
14 Other than the rounds in the		14 Q Okay. Do you know what Mr. Perry's
15 morning at the SMU, was there any requirement that		15 responsibilities were in a general sense?
16 any healthcare person do regular check-ins with		16 A I don't recall. I'm sure they were more than just
17 the people in the infirmary?		17 my reporting to him.
18 MR. RUSSART: Object to the form.		18 Q Do you know if he had like a business role or a
19 MR. KNOTT: Join.		19 medical role?
20 THE WITNESS: I don't recall what -- the		20 A Business role.
21 policy for rounding in the SMU for not me, but for		21 Q Okay. Do you know anybody that he supervised at
22 other individuals. I also think I actually		22 the jail?
23 rounded in the SMU quite regularly.		23 A As far as?
24 BY MS. KLEINHAUS:		24 Q Anything. Anybody who worked for him.
25 Q Sure. All right.		25 A I don't recall who he supervised.

Page 36

Page 38

1 Q Were you ever part of making any policies,
2 healthcare policies, for --

3 A No.

4 Q -- the jail?

5 What was the practice in terms of
6 discussing medical issues with correctional staff?
7 Is that something that you could do, if necessary?

8 A Without violating HIPAA, only if there was a need
9 to know. And, in general, we did not discuss
10 medical issues with the correctional staff.

11 Q So, for example, an inmate who was in labor going
12 to the SMU, would you be able to tell the
13 correctional officer in the SMU, this inmate is in
14 labor, so that he would know that?

15 A I would not describe a patient in labor to a
16 correctional staff member because "in labor"
17 requires medical understanding, nor would I have a
18 patient in labor in the SMU. That individual
19 would be in the hospital.

20 Q Okay. What about a person who is nine months
21 pregnant and their due date is in the next week
22 and they're complaining of abdominal pain on a
23 interval basis? Would you --

24 MR. KNOTT: Object to the form of the
25 question.

Page 37

Page 39

1 MR. RUSSART: Join.

2 MS. KLEINHAUS: Let me finish the
3 question before you object, please.

4 BY MS. KLEINHAUS:

5 Q -- would you be able to describe those symptoms to
6 the correctional officer?

7 MR. RUSSART: Object to the --

8 MR. KNOTT: Form.

9 MR. RUSSART: -- form.

10 THE WITNESS: Are you asking did I, or
11 are you asking would I?

12 BY MS. KLEINHAUS:

13 Q Could you. Within policy, were you allowed to
14 tell this person --

15 A A, I don't know --

16 Q -- here's what's going on.

17 A -- the policy regarding that.

18 B, I would -- I did not talk to any
19 correctional person.

20 C, if I had a concern regarding a
21 patient, I may say to the nurse to observe this
22 patient.

23 Q Okay. So if I'm understanding your --

24 A If there was another concern, and there was a
25 correctional staff member in the SMU, which there

1 always was, I am sure they are instructed to call
2 for help if they feel a patient needs it for
3 whatever reason.

4 Q Okay. So I just want to make sure I understand
5 that.

6 So you don't know if there was a
7 policy about conversations with correctional
8 officers about those types of symptoms?

9 A I am not --

10 MR. RUSSART: Object to the --

11 THE WITNESS: -- aware.

12 MR. RUSSART: -- form of the question.

13 BY MS. KLEINHAUS:

14 Q And in your experience, did you ever talk to a
15 correctional officer in the SMU about a patient's
16 symptoms?

17 A I don't recall.

18 Q You mentioned you're sure that the correctional
19 officers are trained to call for help?

20 A I am supposing they are trained to call for help.

21 Q Okay.

22 A I do not know what training they actually receive
23 since I am not responsible for their training.

24 Q Do you know if Armor ever provided any training --

25 A I do --

Page 40

Page 42

1 THE WITNESS: Okay.

2 BY MS. KLEINHAUS:

3 Q Okay. Is this something that was ever given to
4 you by Armor?

5 A I don't recall.

6 Q Is the -- even if you're not sure if this specific
7 policy was given to you, is the content that's
8 contained here something that was ever conveyed to
9 you about conversations or communications you
10 could have with correctional staff about patient
11 needs?

12 A I don't recall.

13 Q Okay. So you don't remember anything about this
14 policy at all; is that fair to say?

15 A Pretty much. I mean, it would stand to reason
16 that reasonable people do reasonable things. So
17 if the patient was ill, I would expect that some
18 type of information would have been conveyed to
19 the staff, especially if the patient is being
20 transported, since the patient needs to be
21 transported to the hospital.

22 Q Okay. And so --

23 A And that -- that's my mindset.

24 Q Okay. And so your mindset is sort of going from
25 a -- you know, common sense perspective, you're

Page 41

Page 43

1 thinking there must be some conversation that
2 happens. Fair to say?

3 A Correct.

4 Q And that's the basis of it more so than any
5 specific training. Is that fair?

6 A Correct.

7 Q Okay. You can put that to the side.

8 Was there a specific location in
9 the jail where Armor policies were stored or
10 maintained?

11 A I do not know.

12 Q Do you recall ever going to consult any Armor
13 policies while you were at the jail?

14 A I don't recall.

15 Q Did Dr. Gable ever direct you to consult any Armor
16 policies at the jail?

17 A I don't recall.

18 Q Is there any reason for having such a limited
19 recollection about that?

20 MR. RUSSART: Well, object to the form
21 of the question.

22 THE WITNESS: Yeah. It was three years
23 ago. I am now employed by another company that
24 has plenty of policies.

25 I do not recall any specific

1 incident. I would suspect I may have, but you are
2 asking me specifically, and I cannot recall
3 specifically.

4 BY MS. KLEINHAUS:

5 Q Okay. Do you have any general recollection of
6 where the policies were, or if you consulted them?

7 MR. RUSSART: Object to the form of the
8 question.

9 THE WITNESS: I don't recall if they
10 were in a binder or if they were on the computer.

11 Currently my policies are all on a
12 computer.

13 BY MS. KLEINHAUS:

14 Q In your role as a medical director, who did you
15 supervise, if anyone?

16 A The nurse practitioners and any other medical
17 provider.

18 Q And how many nurse practitioners were on staff
19 during that time that you worked there?

20 A Oh, you're killin' me. I can't recall.

21 Q I'm sorry. And if you want to estimate, like more
22 than five? Less than five?

23 A Let's see. I currently supervise a lot of people,
24 so I can't recall what I did in those days.

25 At least -- let's see -- at least

Page 44

Page 46

1 Q Okay. So she -- she or he, would have reported
 2 to --
 3 A Parallel roles.
 4 Q Okay.
 5 A I don't supervise the nursing supervisor.
 6 Q Okay. So the nursing supervisor would report to
 7 Dr. Gable?
 8 A I'm not sure --
 9 MR. RUSSART: Foundation.
 10 THE WITNESS: I'm not sure who the
 11 nursing supervisor reported to.
 12 BY MS. KLEINHAUS:
 13 Q Okay. So besides the nurse practitioners, is
 14 there anyone else that you were responsible for
 15 supervising?
 16 A If there was a physician on staff.
 17 Q And was there ever a physician on staff during the
 18 time you were there?
 19 A I recall one.
 20 Q And what is that person's name, if you recall?
 21 A I don't recall.
 22 Q Okay. Would that physician have been assigned to
 23 the clinic?
 24 A Yes.
 25 Q And would that be to do --

Page 45

Page 47

1 A Medical care.
 2 Q -- medical care --
 3 A Yes.
 4 Q -- at the clinic? Okay.
 5 During the time that you were
 6 working for Armor at Milwaukee County Jail, was
 7 there ever a time that Armor conducted a review of
 8 a particular incident, for example, some serious
 9 medical incident occurred and Armor decided to
 10 conduct a review or investigation of what had
 11 transpired?
 12 A I do not recall any specific review.
 13 Q And when you say that, do you mean you recall some
 14 sort of general review, or...
 15 A I don't actually recall a review.
 16 Q Okay.
 17 A Again, I don't want to mix up with what I'm doing
 18 now with what I did then.
 19 Q Sure. If you don't remember --
 20 A I don't remember.
 21 Q -- you don't remember. Okay.
 22 Were you required to attend any
 23 medical administrative committee meetings?
 24 MR. RUSSART: Could you read the
 25 question back again?

1 (Previous question read back by court reporter.)
 2 MR. RUSSART: Okay. Thank you.
 3 THE WITNESS: What exactly do you mean
 4 by "medical administrative committee meetings"?

5 BY MS. KLEINHAUS:
 6 Q Maybe I can make it better if I make it -- making
 7 it a little broader.
 8 Were there any meetings that you
 9 were required to attend?
 10 A Yes.
 11 Q Okay. Can you just tell me what they were by
 12 category? And it may be that we don't have to go
 13 into --
 14 A The one I specifically remember on a routine basis
 15 was -- and I don't remember the frequency, but it
 16 was on a regular basis -- was with the provider
 17 staff and the nursing staff.
 18 Q How often would that occur?
 19 A I don't remember the specific periodicity, but it
 20 was a regular basis.
 21 Q Okay. Was any particular person --
 22 A And the jail staff was also there. It was kind of
 23 like a whole staff meeting.
 24 Q Okay. Was there any particular person who would
 25 call those meetings or run those meetings?

Page 48	Page 50
1 care. 2 Do you recall any discussion of 3 Mr. Moore's case while you were employed by Armor? 4 A I don't recall a formal meeting. I do recall 5 hearing of the case. 6 Q How did you hear about it? 7 A The next morning when I came in, it was the buzz. 8 Q Okay. So it was like informal conversation? 9 A Pretty much. 10 Q Not like an official review, correct? 11 A Correct. 12 Q Did you have any role in Mr. Moore's care at all? 13 A No. 14 Q You mentioned earlier the national commission on 15 correctional healthcare for -- correctional 16 healthcare, or the acronym we were using before. 17 You know what I mean, right? 18 A Yeah. 19 Q Were you ever part of the process of trying to 20 obtain accreditation for Milwaukee County Jail? 21 A My role in the process of obtaining it was 22 basically doing my job. Armor was the one who was 23 putting that in place. 24 Q Okay. Do you -- 25 A So that was kind of up here (gesturing), and I was	1 Q And what are the reasons they would want to get 2 it? 3 MR. RUSSART: Foundation. 4 MR. KNOTT: Object to form. 5 BY MS. KLEINHAUS: 6 Q You can answer. 7 MR. RUSSART: If you know. 8 THE WITNESS: This is an opinion. 9 BY MS. KLEINHAUS: 10 Q Sure. 11 A It's some certifying body that shows you have met 12 a certain standard of care. 13 Q In your experience, was Milwaukee County Jail 14 adequately staffed on the medical side when you 15 worked there? 16 A It would come and go. It is often in corrections 17 a huge issue. You get the staff/you lose the 18 staff, you get the staff/you lose the staff. It's 19 a big turnover. Just when you think everything is 20 going well, you lose staff, and you have to start 21 all over again. Very annoying. 22 Q Sure. Is there a reason for more turnover in that 23 area versus other areas? 24 A Seriously? 25 Q Yes.
Page 49	Page 51
1 more down here (gesturing). 2 Q Right. You had the -- you're in the trenches 3 caring for patients, and they're getting the next 4 credential for the institution -- 5 A Right. 6 Q -- is that fair? 7 A Right. They were putting in those other things. 8 Q Do you know what things they did in order to try 9 to qualify for accreditation? 10 A I believe they put in electronic medical record. 11 They were trying to get the staff up to par, get 12 enough staff to properly staff the entire place. 13 Those are the two major things I remember. 14 I know there was many things that 15 they had to meet. 16 Q Okay. 17 A The reason I would be so unfamiliar with it is 18 because the Department of Corrections is not NCCHC 19 certified, nor are we obtaining that. So whatever 20 the details are that involved getting that 21 certification are not at my fingertips. 22 Q Got it. 23 What would be the reason that a 24 facility wouldn't want to get that accreditation? 25 A It's expensive.	1 A It's working in a jail. Very difficult 2 population. 3 Q Were you ever part of creating a staffing plan or 4 staffing matrix at the Milwaukee County Jail? 5 MR. RUSSART: Object to the form. 6 THE WITNESS: No. Not that I can 7 recall. 8 BY MS. KLEINHAUS: 9 Q Do you know whether the Christensen consent decree 10 was any obstacle to accreditation? 11 A An obstacle to accreditation? I think accred- -- 12 MR. KNOTT: Form and foundation. 13 Go ahead. 14 THE WITNESS: I think accreditation was 15 more an attempt to help to get out from under the 16 decree, to meet the standards that the decree 17 wanted us to meet, and that was a roadmap to 18 getting there. 19 BY MS. KLEINHAUS: 20 Q Got it. 21 Are you familiar with the criminal 22 charges that have been lodged against Armor? 23 A In a vague way. 24 Q Okay. How are you familiar with it in -- how did 25 you become familiar with it in a vague way?

Page 52

Page 54

1 A People talk, and the newspapers.

2 Q Okay.

3 A I do live in Milwaukee, after all.

4 Q Fair enough.

5 MR. RUSSART: Object to the commentary.

6 MS. KLEINHAUS: That is not a proper
7 objection.

8 MR. RUSSART: Neither was your
9 statement, if we're going to have this little
10 debate on the record.

11 MS. KLEINHAUS: Well, you're starting a
12 debate with me. I'm just trying to get through
13 the testimony.

14 This is so inefficient. I don't
15 know why you would do this.

16 MR. RUSSART: Why I would object to your
17 questions?

18 MS. KLEINHAUS: You didn't object.

19 MR. RUSSART: I just objected to your
20 commentary. If you're going to --

21 MS. KLEINHAUS: That's not a proper
22 objection, and you know that.

23 MR. RUSSART: No. It is absolutely a
24 proper objection.

25 MS. KLEINHAUS: Okay. Well, if you

Page 53

Page 55

1 don't mind, please send me the authority for your
2 position that that is an objection that you can
3 make.

4 MR. RUSSART: Yeah, form. It's a form
5 objection.

6 MS. KLEINHAUS: Then say "form" --

7 MR. RUSSART: I don't have to.

8 MS. KLEINHAUS: -- and let me move on.
9 I mean, this is ridiculous.

10 Let's go off the record.

11 (Discussion was held off the record.)

12 BY MS. KLEINHAUS:

13 Q To your knowledge, is the Milwaukee County Jail
14 still under the Christensen consent decree?

15 A I have no idea.

16 Q Were they under the decree the entire time that
17 you were working at the jail?

18 A I'm not sure if they had gotten out just toward
19 the end or if they were still under it -- the end
20 of my employment I meant.

21 Q Okay. Which would have been 2015; is that
22 right --

23 A Again --

24 Q -- ish?

25 A -- I don't recall exact when I got out.

1 Q What was the reason for leaving your position with

2 Armor?

3 A I got a better offer.

4 Q And what was that?

5 A Department of Corrections.

6 Q And did you start out with that better offer
7 through matrix -- is that right?

8 MR. RUSSART: Maxim.

9 THE WITNESS: Maxim.

10 BY MS. KLEINHAUS:

11 Q I'm sorry, Maxim. Did you start out --

12 A Actually, no. I actually went online, and I was
13 looking for positions, and I saw that. And then
14 in order to get me on board quickly -- Department
15 of Corrections usually uses Maxim as a temp
16 service, and so you start with Maxim as a temp
17 service. They try you out, and then they'll offer
18 you a position.

19 Q So when you saw the position advertised, it was a
20 Department of Corrections position?

21 A Yeah. For the Wisconsin government.

22 Q Okay.

23 A State of Wisconsin.

24 Q And then you got funneled through the Maxim system
25 because that's faster?

Case 2:17-cv-01112-JPS Filed 08/31/18 Page 17 of 38 Document 167-1

Exhibit 2 marked for identification.)

Page 56	Page 58
1 (Recess taken from 11:53 a.m. to 12:01 p.m.)	1 electronic medical record.
2 BY MS. KLEINHAUS:	2 Q Okay. Related to Ms. Terry, I take it?
3 Q All right. Dr. Buono, I see during the break you	3 A Yes.
4 took a look at Exhibit 2 , which is titled	4 Q Okay. And so am I correct that if you were
5 "Emergency Services."	5 assigned to work 24 hours a day/seven days a week
6 A Mm-hmm.	6 on-call, you would have been on-call the night
7 Q Have you seen this policy before?	7 that she -- that Ms. Terry was brought to
8 A No.	8 Milwaukee County Jail in March of 2014?
9 Q Were you given any training by Armor about sending	9 A Yes. But I am also second call.
10 people out to the emergency room?	10 Q Okay. And by that, you mean a nurse practitioner
11 A Not specifically. It's kind of a passed-down,	11 would have been called first?
12 learned thing.	12 A First.
13 Q Sure. And when you say that, do you mean -- tell	13 Q Okay. Were you -- strike that.
14 me what you mean by that, please.	14 I'll represent to you that when
15 A Dr. Gable, when I first came on, gave me the	15 Ms. Terry first came to booking, she was sent out
16 verbal.	16 to Froedtert.
17 The nurses also teach you, and they	17 A Yes.
18 tell you this is what we do when we send people	18 Q Were you part of the decision to send her out to
19 out.	19 Froedtert?
20 Q Okay. You can put Exhibit 2 to the side.	20 A As I reviewed the chart, yes, but it would make
21 I want to turn your attention to	21 sense that, yes, I would be part of that decision.
22 events of March 2014, involving my client, Rebecca	22 Q So you -- are you saying you know that from
23 Terry.	23 reviewing the chart or --
24 Do you have any -- well, strike	24 A No. I have a vague recollection of being involved
25 that, please.	25 in that.
Page 57	Page 59
1 Do you have any independent	1 Q Did someone call you about whether to send her
2 recollection of Ms. Terry?	2 out?
3 A What do you mean?	3 A Yes.
4 Q Other than any review of documents you may have	4 Q Who called you?
5 done to prepare for your deposition, in your own	5 A I don't recall.
6 memory bank, do you have a memory of this	6 Q What documents or forms, if any, were you required
7 incident?	7 to create if you wanted to send a patient out to
8 A Vaguely.	8 the emergency room?
9 Q Okay. Tell me what you remember about it.	9 A I don't recall for Armor.
10 A Coming in and hearing this lady delivered in the	10 Q Do you recall if there were forms or documents you
11 bed at 5:30 in the morning when I got a call	11 had to fill out?
12 back -- actually not coming in. Let me rephrase	12 A I don't recall for Armor.
13 that.	13 My recollection of her is that she
14 Getting a phone call in the morning	14 was in intake -- and this is vague -- and the
15 saying that she had delivered. Coming in the next	15 nurses had concerns about her, and so I said send
16 morning and hearing that she had delivered.	16 her out.
17 Q Were you surprised to hear that she had delivered	17 Q What concerns did they have, if you recall?
18 a baby at the SMU?	18 A She was a multip. She had multiple pregnancies,
19 A Oh, yes.	19 gravida 13. She had had no prenatal care. She
20 Q And did you review any documents to prepare for	20 was due in about a week. She was an IV heroin
21 your deposition today?	21 abuser. She was complaining of a pressure
22 A I did.	22 sensation.
23 Q What did you review ahead of time?	23 Even if she had been complaining of
24 A I reviewed some records that Mr. Russart sent to	24 nothing, I still would have sent her out.
25 me. It was out of the TIER system, the old	25 Q Okay. And the symptoms that you just described,

Page 60

Page 62

1 do you have an independent recollection of that or
 2 you're relying on the documents that you reviewed?
 3 A The only part I have the independent recollection
 4 of is that she was a multip, heroin abuser,
 5 pregnant, due.

6 The part about the pressure, I
 7 don't recall. That's from the documents.

8 Q Got it. Thank you.

9 So -- and when you said you would
 10 have sent her out anyway, tell me what you mean by
 11 that, please.

12 A For medical clearance before coming into the jail.

13 Q And why would you have wanted to get medical
 14 clearance?

15 A Because she was a gravida 13, heroin abuser, no
 16 prenatal care, due shortly.

17 Q Okay. So maybe I misunderstood. So --

18 A She was a high-risk patient.

19 Q If I understand your distinction you're making, is
 20 even if she wasn't complaining of a pressure
 21 sensation, all those other factors would have
 22 caused you to send her out.

23 A Yeah. And the nurses -- if the nurses would have
 24 called me and told me that, that's what I would
 25 have done.

Page 61

Page 63

1 Q Okay. Is any form sent with the patient to the
 2 hospital explaining what they're being sent there
 3 for?

4 A I don't recall for Armor. I don't want to say yes
 5 or no because I know for DOC we do, but I don't
 6 recall for Armor.

7 Q May have been or may not have been; you just don't
 8 know?

9 A I just don't recall.

10 Q Okay. If the nurses on staff that night had
 11 reached the nurse practitioner first, since you
 12 were the second call, could the nurse practitioner
 13 have authorized for her to go out to the hospital?

14 A Yes.

15 Q So you were making the call because they must not
 16 have gotten through to that person; is that fair
 17 to say?

18 MR. RUSSART: Object to the form,
 19 foundation.

20 THE WITNESS: It could be.

21 BY MS. KLEINHAUS:

22 Q Okay.

23 A It could be, or they could have skipped her
 24 because they thought they wanted to talk to me.

25 Q Got it.

1 And they had the discretion to
 2 decide that they considered something serious
 3 enough they wanted to talk to you; is that what
 4 you mean?

5 A Yes.

6 Q Got it.

7 When patients come back from the
 8 emergency department, is there any form they're
 9 supposed to bring back with them to the jail?

10 A I don't recall a form, but I usually ask for the
 11 dictated physician's note.

12 Again, at the DOC we do have one,
 13 but I don't want to confuse Armor's and the
 14 DOC's --

15 Q Sure.

16 A -- forms.

17 Q Sure. And in your field is it customary that the
 18 physicians at the hospital know to send back the
 19 dictated physician's note to the jail?

20 A No. And this was a huge issue I had with almost
 21 every provider in this area.

22 Q Tell me what that issue was. Can you explain it?

23 A And it's still a common issue.

24 We send patients out to the
 25 emergency room through the jail, and they don't

Page 63

1 send us back actual information. What they send
 2 us back is the patient care information, like when
 3 you go to the ER or the urgent care and they give
 4 you that --

5 Q Like a sheet that says put ice on it or something?

6 A Yeah, yeah, or follow-up with your doctor or come
 7 back if this gets worse or blah, blah, blah. But
 8 that doesn't tell me anything medically.

9 And so I have encountered that
 10 problem multiple times with multiple cases and
 11 still do.

12 And just so you know, we do have a
 13 form in the DOC which goes in an envelope to the
 14 provider, and the physician still doesn't fill it
 15 out and will come back to me blank.

16 Q I would empathize, but I'm sure I'll catch an
 17 objection, so...

18 When you had people who were sent
 19 out to the emergency department and they came back
 20 with just those patient care sheets without any
 21 actual medical information from the physician that
 22 they saw, would they then be admitted to the jail
 23 while you waited on that medical information?

24 MR. RUSSART: Object to the form.

25 MR. KNOTT: Vague, overly broad, form.

Page 64

Page 66

1 MR. RUSSART: Join.

2 BY MS. KLEINHAUS:

3 Q Go ahead.

4 A Okay. So, yes, they would be because I really
5 don't have the right to turn them away.6 I have -- when I first was working
7 there, I would send the patient back and forth,
8 but actually what would end up happening is that
9 when the patient was, you know, being transported
10 back and forth, that's not necessarily good for
11 the patient. So rather than getting into a
12 pissing contest over paperwork -- I still have to
13 take that patient. I have no authority to release
14 an inmate.15 So, yes, we would take them back,
16 and then oftentimes we'd be on the phone the next
17 morning demanding the paperwork or asking the
18 nurses to get the paperwork so I had some idea of
19 what went on. I'm assuming, since you were
20 cleared by the emergency room and sent back, that
21 you have been cleared by the emergency room. If
22 you had not been cleared, you would have been
23 admitted. If you're not admitted, I have to take
24 you back, with paperwork or without paperwork.

25 Q I see.

Page 65

1 A My job, though, is to hunt down that paperwork.

2 Q Was this problem something you ever discussed with
3 Dr. Gable?

4 A I have discussed it with everybody.

5 Q During the time that you worked at Armor in the
6 Milwaukee County Jail, did you ever see any
7 improvement in solving that problem?8 A It would improve and then get worse and improve
9 and get worse.10 We had actually had a meeting, I
11 think with Aurora, though, about the paperwork.
12 We had also had a meeting with someone from the ER
13 at Froedtert to make them understand what the SMU
14 is and where they are sending a patient back to.
15 We actually had them come into the SMU, and I
16 showed them, this is the SMU. You're thinking
17 that we have a hospital in here. We don't. This
18 is a jail, not a hospital.19 Q Around when in your time at Armor did you have the
20 Froedtert folks come for the on-site visit?21 A I don't recall exactly but it was before this
22 case.

23 Q Before this incident with Ms. Terry?

24 A Yes.

25 Q Okay.

Case 2:17-cv-01112-JPS Filed 08/31/18 Page 20 of 38 Document 187-1

MR. KNOTT: Object. Form foundation.

Page 68

Page 70

1 THE WITNESS: Yeah, I don't know what
 2 his rounding is. I know they have rounds, but I
 3 don't know what the format is.

4 BY MS. KLEINHAUS:

5 Q Okay. And the medical station you described, is
 6 that the same as the clinic across the hall from
 7 the SMU?

8 A No. Here's the medical station. The SMU is
 9 sitting in -- oh, you mean the nurses' station or
 10 the station where the guard is sitting?

11 Q Maybe I misunderstood.

12 I thought you were saying that --

13 A No. Here's --

14 Q -- the SMU has a nurse --

15 A -- the SMU -- here's the SMU. It's a locked unit.
 16 There's a guard in the unit. If you walk right
 17 down the hall and go out the locked door, the
 18 nurses' station is here with the exam and clinic
 19 rooms. So the nurses' station is literally not
 20 even a minute away from the SMU.

21 Q Okay. Was it your understanding that there was a
 22 nurse assigned, even if it wasn't her exclusive
 23 assignment, but there was a nurse assigned to the
 24 SMU every shift?

25 MR. KNOTT: Object to form.

Page 69

Page 71

1 THE WITNESS: I am not certain. I
 2 believe so, but again, I don't want to confuse
 3 that with my current policies.

4 MS. KLEINHAUS: Okay.

5 MR. KNOTT: So I would add an objection
 6 on foundation based on the answer.

7 BY MS. KLEINHAUS:

8 Q When you were on call all the time that you
 9 weren't on vacation, was that like a pager, or
 10 would they call a cell phone? How did that work?

11 A I had them call my cell phone.

12 Q Okay. I'm going to show you what we'll mark as
 13 **Exhibit 3.**

14 MS. KLEINHAUS: And, Doug, if you have
 15 the documents on your machine, I can give you the
 16 Bates number, or you can take a look at this copy
 17 first.

18 (Exhibit 3 marked for identification.)

19 BY MS. KLEINHAUS:

20 Q Dr. Buono, are you familiar with this document?

21 A Yes.

22 Q And is this one of the ones that you reviewed
 23 before your deposition today?

24 A Yes.

25 Q Okay. Look with me, please, on the page that's

1 marked ARMOR 20. If you go about two-thirds of
 2 the way down, it's -- well, strike that.

3 On the page marked ARMOR 20, it's
 4 marked at the top as "3/10/2014."

5 A Yes.

6 Q And if you go two-thirds of the way down, it
 7 notes -- I believe these notes are made by
 8 Margaret Hoover. And it says, "Dr. Buono notified
 9 at 4:55. Message left."

10 Do you see that part?

11 A Yes.

12 Q Do you recall if that was the message you got that
 13 Ms. Terry had delivered?

14 A I don't recall.

15 Q Okay.

16 A I'm assuming it is because --

17 Q Sure.

18 A -- that's what it says.

19 Q Turn with me, please, to ARMOR 21. And I'll
 20 represent to you I believe this is a note by
 21 Nurse Exum.

22 And on 21 there's a section
 23 about -- right towards the top, called
 24 "Objective." Do you see that part?

25 A Yes.

Page 71

1 Q It says: "Writer called Dr. Buono at 1:15 a.m.
 2 and informed of return from hospital with no new
 3 orders."

4 Am I correct -- is your
 5 understanding this means the patient came back and
 6 that the hospital didn't include any new orders?

7 A Correct.

8 Q And then the next portion says: "Dr. Buono asked
 9 writer to call FMLH and ask for an official
 10 discharge summary, one that has information with
 11 what was done with the patient at the hospital."

12 A Yes.

13 Q And is that consistent with the problem you were
 14 just describing --

15 A Oh, yes.

16 Q -- where the patients come back and you don't have
 17 the necessary information?

18 A Yes.

19 Q Okay. Look a little farther down under "Plan."
 20 It describes information that Nurse Exum obtained
 21 by phone from a nurse at Froedtert.

22 A Mm-hmm.

23 Q After you've had a chance to review that to
 24 yourself, do you know if you were ever given that
 25 information by Nurse Exum?

Page 72

Page 74

1 A I don't recall at this point, but if she called
 2 me -- and this is my standard thing: Get the
 3 notes for the patient, what happened. And the
 4 reason I want the notes is because I want to make
 5 sure that the doctor looked at the things that he
 6 should have looked at.

7 So one of the things that would
 8 have been done on the physical was did the doctor
 9 check her cervix. If her cervix was wide and
 10 dilated, why didn't he keep her?

11 Now, she comes back. She says no
 12 contractions, if you noticed on the first page, on
 13 the top here.

14 Okay. So patient comes back, no
 15 contractions. So she is not in labor at present.
 16 She was seen by L&D. I'm assuming that they did
 17 what they're supposed to do, which is you put your
 18 fingers in there and you check the cervical os to
 19 see if it's open. If it was open, then I would
 20 have argued, send her back.

21 Q Is it fair to say you never -- never did find out
 22 to what degree she was experiencing contractions
 23 or to what degree she -- strike that. That's a
 24 compound question. I'll do it better.

25 Were you ever informed by Froedtert

1 needed to stay, just on the basis of having 13
 2 pregnancies.

3 Q Let me make sure I --

4 A So here's the history that an L&D doctor would
 5 have gotten --

6 Q Sure. I understand the patient history. I think
 7 I'm just trying to understand, you never actually
 8 found out why they sent her back, correct?

9 A They sent her back because she cleared. She
 10 wasn't in labor.

11 Q How do you know that?

12 A Patient has no contractions. She was seen in the
 13 labor and delivery suite. Evaluated by the
 14 OB/GYN, and told, "You're not in labor. Come back
 15 when you're in labor."

16 Q Okay. I follow your logic. I want to make sure I
 17 understand.

18 You're making the assumption if
 19 she's at the jail and the jail record says she
 20 denies contractions that --

21 A No. The nurse called me and said, "They sent her
 22 back. They said" -- and I remember this -- "She
 23 is not in labor. Come back when you're in
 24 labor."

25 Q Okay.

Page 73

Page 75

1 how dilated she was during that visit?

2 A I had no notes at all from Froedtert. The only
 3 thing we had from Froedtert was the goofy
 4 paperwork that they sent back.

5 Q Did you ever, at any point, subsequent to this
 6 time period we're talking about here in this
 7 document, find out how dilated she was at
 8 Froedtert?

9 A I never saw any other paperwork after this.

10 Q Okay.

11 A I never even saw this paperwork.

12 Q Okay. And fair to say you were also never
 13 informed by Froedtert of any contractions or
 14 pressure that she experienced at Froedtert,
 15 correct?

16 A Nothing.

17 Q Okay.

18 A I'm assuming, since they sent her back -- again,
 19 we sent her for an evaluation at the L&D.

20 Q Labor and delivery?

21 A Right. And the labor and delivery person said
 22 she's not in labor. And I would assume that the
 23 provider there asked her how pregnant were you or
 24 how many times have you been pregnant -- and she's
 25 a gravida 13, and didn't feel that this person

1 A I said, "Get the notes."

2 Q I see.

3 A Because I wanted to make sure that the evaluation
 4 that was done was appropriate.

5 Q Okay. Now I get it.

6 Do you know the source of the
 7 nurse's comment, "She's not in labor," the source
 8 of that information? I don't mean in the
 9 document. I just mean how did she know that she
 10 wasn't or she was?

11 A I don't know the source of her information.

12 Q Okay. All right. You can put Exhibit 3 to the
 13 side.

14 Was it your decision that Ms. Terry
 15 should go to the SMU versus the regular housing
 16 pod?

17 A I don't recall. I would have done that. That
 18 would be logical for me to do. However, we also
 19 have protocols, because she is so many -- so many
 20 weeks pregnant, and I don't remember if it was my
 21 order, because I don't have my orders, or if that
 22 was the protocol for her to go to the SMU.

23 Q Okay. It could have been either one of those?

24 A It could have been either one of those. But I'm
 25 meticulous enough that I would have said, no, keep

1 her there and keep an eye on her.

2 Q Got it.

3 Did you have any role in deciding
4 to put her in the isolation unit in the SMU versus
5 a non-isolation cell?

6 A No.

7 Q Would there be any reason that you would order
8 someone in their third trimester to be in an
9 isolation unit?

10 A Absolutely not, unless they had some horrible
11 infectious disease.

12 Q Okay.

13 A But in that case they would be in the hospital.

14 Q Right.

15 What is the purpose of the
16 isolation units in the SMU?

17 A Years ago --

18 MR. KNOTT: Object. Vague, overly
19 broad.

20 MR. RUSSART: Foundation.

21 MR. KNOTT: Join.

22 BY MS. KLEINHAUS:

23 Q Go ahead.

24 A Okay. Basically, if you have somebody who has an
25 infectious disease that could be communicable.

1 Mostly tuberculosis would be the main one.

2 Q I see. So the idea was to separate that patient
3 to prevent spread of a disease?

4 A Correct.

5 Q So I think we've discussed already that you were
6 left a message sometime in the morning hours of
7 March 10th about Ms. Terry. And then you would
8 have called back to the staff, the healthcare
9 staff, at the jail, correct?

10 A I may have. I don't recall.

11 Q Okay.

12 A It's not documented.

13 Q Okay.

14 A And I got hundreds of phone calls in my tenure.

15 Q Sure. So you have no recollection of any
16 additional -- I'm sorry. Strike that, please.

17 So there's the conversation that
18 you have where you say, yeah, send her out, and
19 then there's the message left for you --

20 A Three hours later that she had delivered.

21 Q Okay. And I suppose there's one in between that,
22 that she's back from the hospital and she doesn't
23 have any papers.

24 A Yes.

25 Q So there's a total of three communications the

1 third of which is just a --

2 A Yes. And, now, I don't see --

3 Q -- message.

4 A Where's the order that I said -- where is the
5 order that said I sent her out? I don't recall
6 that. I'm assuming I did, but it says here,
7 "Writer called Dr. Buono and informed of return of
8 patient."

9 Do you have one that says I --

10 Q I will --

11 A -- that they asked me to send it out?

12 Q I will check and see if I have anything.

13 A I'm assuming I sent her out, but I may not have.
14 I may have just gotten the call that she came
15 back.

16 Q I see. Okay. Well, fair enough.

17 It may have been you; it may have
18 been the nurse practitioner. Someone sent her
19 out.

20 A Right.

21 Q Okay. So that means we're sure of two
22 communications: One is she's back from the
23 hospital, she doesn't have any papers, and the
24 second is a message saying she delivered.

25 MR. RUSSART: Object to the form of the

1 question.

2 BY MS. KLEINHAUS:

3 Q You can go ahead.

4 A Yes.

5 Q Okay. Do you remember any other communications
6 during that nighttime period about her?

7 A No.

8 Q Okay. Did you have discussions about this
9 incident subsequent to that, you know, like the
10 next day or the next few weeks?

11 A No. Not that I can recall.

12 Q Was there ever any kind of debriefing of the
13 incident --

14 A Not that I can recall.

15 Q Okay. I'm going to show you what we'll mark as
16 Exhibit 4.

17 MS. KLEINHAUS: And this is ARMOR 10.

18 And if you want to take a look,

19 Doug, I'll pass you my copy.

20 (Exhibit 4 marked for identification.)

21 BY MS. KLEINHAUS:

22 Q Have you had a chance to familiarize yourself with
23 this?

24 A I have now.

25 Q Great. So this appears to be a medical record

	Page 80	Page 82
1	from a few days --	1 "monitor; infirmary protocol for withdrawal; d/c
2	A After.	2 Ativan" -- "d/c" means to stop -- "follow up with
3	Q -- after the delivery, March 14th of 2014.	3 healthcare provider" -- "women's health provider
4	Am I reading this right, that you	4 on 3/17."
5	would have seen Ms. Terry -- or I'm sorry. Strike	5 Q Okay. Am I understanding correctly in the note
6	that, please.	6 that the clonidine patch and the Ativan were
7	Does this represent that you	7 prescribed at the hospital and it's being
8	actually --	8 discontinued at the SMU?
9	A Reviewed the --	9 A Yes.
10	Q -- met with her --	10 Q Okay. Do you know what the clonidine patch was
11	A No.	11 prescribed for?
12	Q -- or you reviewed the chart?	12 A It's for D -- it's for withdrawal, opiate
13	A Reviewed the chart.	13 withdrawal.
14	Q Okay. What would be the reason for reviewing the	14 Q Okay. In your note you use the term "percipitous
15	chart?	15 [sic] delivery."
16	A To review whether or not she needs to go to	16 A What does that mean?
17	general population for her placement.	17 Q Well, were you -- yeah -- well, first of all, were
18	Q I see. So to decide when she comes back from the	18 you intending to use it with a specific medical
19	hospital where is she going; is that right?	19 meaning?
20	A Yes.	20 A Yes.
21	Q Okay. Under the -- in the SOAP note under	21 Q Okay. And what was the medical meaning you wanted
22	"Subjective," you have: "She was placed in the	22 to assign?
23	SMU for obs s/p."	23 A The medical meaning of a "precipitous delivery" is
24	A Yeah.	24 one that was unexpected and very rapid.
25	Q Can you tell me what that means?	25 Q And was your determination that it was -- well,
	Page 81	Page 83
1	A In English. I'll tell you in English.	1 strike that, please.
2	Q Thank you. Please.	2 At the point that you made these
3	A "She was placed in SMU for obs status/post a	3 notes, you hadn't seen anything from Froedtert or
4	percipitous [sic] delivery into the bed."	4 from Aurora about her care outside of the SMU,
5	Q I see.	5 correct?
6	A This is after she delivered.	6 A I couldn't say that. I mean, if I'm writing this
7	Q Okay.	7 note, I reviewed her chart, which means I probably
8	A I think I have a typo here.	8 did have some paperwork for her at that point.
9	"She had opiate addiction. She	9 Q Okay. Would you have known at the time that you
10	went through withdrawal at the hospital. She was	10 made this note how many hours she was in labor
11	placed on a clonidine patch. Was also given	11 before she delivered?
12	Ativan for anxiety. She is currently out to	12 MR. RUSSART: Object to the form of the
13	court," which means she's not available to	13 question.
14	evaluate, physically put my hands on her. "The	14 THE WITNESS: I'm not sure what you're
15	nurse reports no problems with her currently."	15 asking me.
16	She had some vital signs done that	16 MR. KNOTT: Object to form.
17	morning. Status, patient -- "Assessment" was	17 BY MS. KLEINHAUS:
18	"Patient status/post percipitous [sic] delivery.	18 Q My understanding, when you say it was an
19	History of opiate abuse."	19 unexpected and very rapid delivery, is that
20	"Plan: DC to general population" --	20 there's some evaluation of how fast or slow it
21	MR. RUSSART: Slow down a little bit --	21 was. And my question is whether at the time that
22	THE WITNESS: Sorry.	22 you characterized it as a "precipitous delivery,"
23	MR. RUSSART: -- if you would. Thanks.	23 if you knew how long the labor had taken.
24	THE WITNESS: -- "d/c clonidine patch;	24 A It was under three hours because she was evaluated
25	put on opiate and benzodiazepine withdrawal protocol"	25 in the emergency room and labor and delivery at

	Page 84	Page 86
1	Froedtert and delivered in a period of three hours	1 A Okay. Mm-hmm.
2	into the bed.	2 Q Can you -- first of all, hopefully a simple
3	Q And that, again, is based on whatever information	3 question: Can you tell me what Dr. Boyd Organ's
4	the nurse had --	4 role was at the jail?
5	A Yes.	5 A She was an OB doctor who came to the jail to do
6	Q -- about her status coming back?	6 women's health.
7	A Right. And also if she had been in labor in the	7 Q Was she --
8	hospital, they would have kept her.	8 A She's an OB doc.
9	Q Okay. So it kind of -- it goes back to the	9 Q Got it. Not employed by Armor but an outside
10	subjects we covered before: We don't know the	10 specialist coming in. Is that fair to say?
11	specific source of the nurse's information, but	11 A Yeah. In the -- I'm not sure how she was paid or
12	your assumption is they would have kept her if she	12 who she was subcontracted with, when you said not
13	was in labor?	13 "employed by Armor."
14	A If she was in active labor, which means a certain	14 Q Sure. She may have been a subcontractor. So
15	number of contractions per period of time -- and I	15 maybe my question was unclear.
16	think it's -- what is it, one contraction every	16 At any rate, no matter what her
17	two minutes?	17 employment status was, I wanted to turn, please,
18	Q You believe they would have kept her?	18 to the page that's marked "ARMOR 6" at the bottom.
19	A Then they would have kept her.	19 A ARMOR 6.
20	When she came back, she was also	20 Q About halfway down that page there's a section
21	not complaining of contractions.	21 called "Plan." Do you see that?
22	Q According to the nurse's note, right.	22 A Mm-hmm.
23	A Well, the nurse asked the patient. Subjective.	23 Q And it says: "I discussed patient concerns with
24	At present, patient was complaining of some	24 Dr. Buono and Gable regarding emergency delivery
25	pressure at the bottom. She denied contractions	25 in jail." Do you see that part?
	Page 85	Page 87
1	at present.	1 A Yep.
2	Q Got it.	2 Q Do you recall having a conversation with Dr. Organ
3	A Okay. So that came directly from the patient,	3 about the emergency delivery and the patient's
4	which means at the time she came back, she wasn't	4 concerns?
5	having contractions every two minutes, which would	5 A No.
6	have been active labor. And then, in a period of	6 Q Okay. So fair to say, you don't know what those
7	three hours, delivered a baby.	7 concerns were; is that right?
8	Q Okay.	8 A That would be fair.
9	A That is considered precipitous.	9 Q Okey-dokey. You can put that to the side.
10	Q Okay. I'm going to show you what we'll mark as	10 MS. KLEINHAUS: Okay. I think I'm about
11	Exhibit 5.	11 through. I want to go off the record for two
12	A Can I just check my phone for a second?	12 minutes and check my notes and then I think I'm
13	MS. KLEINHAUS: Oh, sure. Let's go off	13 done.
14	the record for a second.	14 MR. RUSSART: Okay. Let's take a break,
15	(Exhibit 5 marked for identification.)	15 and I may have some questions.
16	(Discussion was held off the record.)	16 (Recess taken from 12:42 p.m. to 12:47 p.m.)
17	BY MS. KLEINHAUS:	17 BY MS. KLEINHAUS:
18	Q Have you had a chance to review Exhibit 5 ?	18 Q Just a couple other questions for you.
19	A Mm-hmm.	19 Is it fair to say you never had any
20	Q Okay. If I'm reading it correctly, I believe it	20 discussion about whether any of the nursing staff
21	documents a visit that Dr. Boyd Organ had with	21 could have or should have done anything to prevent
22	Ms. Terry.	22 Ms. Terry from giving birth alone in the isolation
23	Is that how you read it?	23 unit?
24	A You mean this is Dr. Organ's note?	24 A I had no discussion with them. I did not feel,
25	Q I believe so.	25 and even today I don't feel that that really was

Page 88

Page 90

1 their fault.
 2 Q Sorry. Is your answer complete or --
 3 A No. I'm going to add something else.
 4 Q Go ahead.
 5 A You know, having a baby is a difficult thing, and
 6 it occurs all over the world, and it occurs in all
 7 kinds of situations, and it's one of the most
 8 unpredictable things, especially when someone
 9 who's had so many pregnancies. So women have
 10 given birth in fields. They've given birth in
 11 cars. They've given birth in toilets. In the
 12 most unexpected ways.

13 I don't think it could have been
 14 predicted that this would have happened. If the
 15 labor and delivery specialist didn't think that
 16 this person was in labor, I think it was
 17 reasonable to assume then that it was unlikely she
 18 was going to suddenly deliver. But it's possible.

19 Just like, you know, you have a
 20 stress test, you pass the stress test, you walk
 21 off the treadmill, and you drop dead.

22 Q The opinion that you're providing about the number
 23 of pregnancies, would that be at all different if
 24 you knew that ten of those are spontaneous
 25 miscarriages; in other words, perhaps three

Page 89

1 previous deliveries, not 13.
 2 Does that change your opinion at
 3 all?
 4 A Three is still -- you know, some women will give
 5 birth after the first one very quickly the second
 6 time. After three -- again, very quickly after
 7 the third one.
 8 Q So if I understand you correctly, you're saying
 9 it's --
 10 A It's an unpredictable thing. It's different for
 11 each woman. Some women will labor for hours and
 12 hours and some women will not.
 13 Q But everyone labors for some period of time before
 14 they --
 15 A Not necessarily.
 16 Q -- pop out a baby.
 17 A Very quickly. It can happen very, very quickly.
 18 Minutes.
 19 If the cervix is used to dilating,
 20 it dilates quickly. I am not an expert in the
 21 field, but that's just from experience.
 22 Q Okay. Do you believe that there's anything that
 23 any correctional staff could have done to prevent
 24 her from giving birth by herself in a jail cell --
 25 MR. KNOTT: Form

1 MS. KLEINHAUS: And I'm sorry --
 2 MR. KNOTT: Form, foundation.
 3 MS. KLEINHAUS: I'll fix it.
 4 BY MS. KLEINHAUS:
 5 Q Do you believe there's anything that any
 6 correctional staff could have done to prevent her
 7 from giving birth in the isolation unit?
 8 MR. KNOTT: Well, form, foundation.
 9 BY MS. KLEINHAUS:
 10 Q Go ahead.
 11 A I can't answer that question.
 12 Q You don't know?
 13 A I don't know.
 14 Q Okay.
 15 MS. KLEINHAUS: I think that's all I
 16 have.
 17 THE WITNESS: I do have a comment,
 18 though.
 19 MR. RUSSART: No. I have one question
 20 for you.
 21 Do you want to go?
 22 MR. KNOTT: I have just a couple
 23 questions.
 24 MR. RUSSART: Okay. Go ahead.
 25 EXAMINATION

Page 91

1 BY MR. KNOTT:
 2 Q Doctor, I introduced myself. I'm Doug Knott. I
 3 represent the Milwaukee County defendants.
 4 You understand that?
 5 A Okay.
 6 Q Yes. I'm just -- I introduced myself before the
 7 deposition.
 8 First of all, just -- a consent
 9 decree, as you understand it, was a voluntary
 10 settlement and a commitment by the county to meet
 11 certain standards; is that correct?
 12 A Correct.
 13 Q And the NCCHC accreditation process was a
 14 mechanism to meet those standards, true?
 15 A Correct.
 16 Q And while you were medical director of the
 17 Milwaukee County Jail, in your opinion, did the
 18 county, in good faith, strive to meet NCCHC
 19 accreditation?
 20 A Yes.
 21 Q Briefly, the concern about lack of documentation
 22 when an inmate comes back from a hospital, that
 23 was not your preference that they come back
 24 without documentation, true?
 25 A Explain that, please.

	Page 92	Page 94
1	Q I think I'm saying something that's obvious. 2 It was not your preference, as 3 medical director, that inmates sent to a hospital 4 come back to the jail without appropriate 5 documentation. Is that a fair statement? That 6 would not be what you would want to have happen?	1 sometimes -- because, remember, on the other side, 2 the provider on the other side is now seeing 3 multiple patients, doing multiple dictations, so 4 it may take a little bit of a lag time, but I 5 still could not, in good faith, leave this patient 6 in a car going back and forth.
7	A Absolutely.	7 Q That would be a frustrating situation for you as 8 the medical director.
8	Q That is a fair statement?	9 A Very much so.
9	A It is a fair statement that I would prefer the 10 patient to always come back with the information 11 from the evaluation I sent them out to get.	10 MR. KNOTT: All right. That's it.
12	Q And you felt, as medical director, that the jail 13 was not in a position of rejecting those patients 14 if they did not have adequate documentation?	11 Thank you.
15	A We absolutely could not reject them.	12 MR. RUSSART: Just a follow-up on the 13 questions that Mr. Knott had.
16	Q Okay. So it was not a policy of the jail to 17 willingly accept people without documentation. 18 That was not their policy. That was not their 19 preference, true?	14 EXAMINATION
20	A I do not know --	15 BY MR. RUSSART:
21	MS. KLEINHAUS: Object to the form.	16 Q What steps were taken to ensure patient safety and 17 good patient care when a patient came back to the 18 jail without the proper paperwork?
22	Go ahead.	19 A They would -- well, I would request the nursing 20 staff to get the paperwork, or if I was there, I 21 would call for that paperwork, and then we would 22 put them in a place, basically, where we could 23 monitor them better, if it was something that was 24 very concerning to me.
23	THE WITNESS: I do not know if it is a 24 policy or not of the jail. I know that, medically 25 speaking, it is prudent to get the information in	25 Q Was there ever a circumstance where you would try
	Page 93	Page 95
1	order to continue to care for the patient.	1 to get an oral report about what happened at the 2 jail -- I mean, at the hospital?
2	However, you cannot -- as far as I 3 understood it, I could not not accept a patient 4 back into the jail, and it would sometimes be to 5 the patient's detriment to play ping pong with 6 them sending them back to the hospital, because 7 the hospital did not have to accept the patient at 8 all. They would end up -- I had had this on 9 multiple occasions where I sent them back to the 10 hospital, and they sent them back again.	3 A Yes.
11	And so I have an uncomfortable 12 patient, and I have some security people, who are 13 not medical people, who are then put in the 14 position of having to monitor a patient, 15 basically, as they're transported back and forth.	4 Q Okay. Explain how that would happen.
16	BY MR. KNOTT:	5 A Usually nursing would call and actually talk to 6 someone, or if I'm on that -- if I'm there that 7 day, I would also call and actually get a report.
17	Q So that --	8 Q I want to point to you on Exhibit 3 , on ARMOR 21, 9 is there any evidence on this exhibit that there 10 was an oral report obtained about Ms. Terry?
18	A It's not in the best interest of the patient to 19 play ping pong with them.	11 MS. KLEINHAUS: Objection to form.
20	Q And so the decision was made, in the best interest 21 of the patient, to admit them to the jail?	12 MR. RUSSART: What's wrong with the form 13 so I can correct it?
22	A To take them back to the jail. They had been 23 cleared. That individual then could be monitored 24 correctly, and we can get the paperwork.	14 MS. KLEINHAUS: The document speaks for 15 itself.
25	And the paperwork would	16 MR. RUSSART: Oh. Okay.

Page 96

Page 98

1 rule out labor, not because of heroin abuse.
 2 Writer was informed that she was going to be" --
 3 going to page the doctor."

4 So the nurse spoke to the nurse in
 5 the L&D.

6 Q Okay.

7 A So she attempted to reach him.

8 Q All right. And then earlier in the deposition you
 9 were asked a question about whether you were
 10 surprised that Ms. Terry delivered in the SMU, and
 11 I believe your answer was, "oh, yes." Do you
 12 remember that?

13 A Oh, yes.

14 Q You were never asked why you had the reaction of
 15 why you were surprised.

16 Can you tell me why you were
 17 surprised?

18 A It was unexpected. She went to L&D. She was
 19 evaluated in OB at Froedtert. They sent her back,
 20 I'm assuming stable. That's why they sent her
 21 back. She delivered in the bed.

22 There was no other evaluation.

23 Nothing happened in the interim. She came back
 24 stable. Delivered in the bed.

25 MR. RUSSART: Okay. That's all.

1 STATE OF WISCONSIN)
 2) SS:
 3 MILWAUKEE COUNTY)

4 I, Kealoha A. Schupp, RPR and
 5 Notary Public in and for the State of Wisconsin,
 6 do hereby certify that the preceding deposition
 7 was recorded by me and reduced to writing under my
 8 personal direction.

9 I further certify that said
 10 deposition was taken at HINSHAW & CULBERTSON, LLP,
 11 100 East Wisconsin Avenue, Suite 2600, Milwaukee,
 12 Wisconsin, on the 25th day of April, 2018,
 13 commencing at 10:45 a.m.

14 I further certify that I am not a
 15 relative or employee or attorney or counsel of any
 16 of the parties, or a relative or employee of such
 17 attorney or counsel, or financially interested
 18 directly or indirectly in this action.

19 In witness whereof, I have hereunto
 20 set my hand and affixed my seal of office on this
 21 2nd day of May, 2018.

22
 23 Kealoha A. Schupp, RPR
 24 Notary Public

25 My commission expires January 19th, 2020.

Page 97

1 THE WITNESS: Pretty -- pretty shocking
 2 to me.

3 MS. KLEINHAUS: Okay. Thanks very much.
 4 It was nice meeting you.

5 * * * *

6 (Deposition concluded at 12:57 p.m.)

7 (Original exhibits retained by court reporter and
 8 attached to original transcript. Copies provided
 9 with additional transcripts.)

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

WORD INDEX

<1>
1 3:10 39:5, 6, 8
1:15 71:1
10 3:11 70:4 79:17
10:45 1:13 2:9 98:13
100 1:15 2:7, 20 98:11
10th 77:7
11:53 56:1
12:01 56:1
12:42 87:16
12:47 87:16
12:57 2:10 97:6
13 9:12, 17 59:19
60:15 73:25 74:1 89:1
14 3:11, 12, 12, 13
147 39:25
149 39:25
14th 80:3
17 82:4
17-CV-1112 1:5
18 3:13
1985 9:4
1996 9:11
19th 98:25

<2>
2 3:11 55:24, 25 56:4,
20
20 70:1, 3
2014 13:16 56:22 58:8
70:4 80:3
2014-2015 7:21 14:15
2015 53:21
2018 1:8 2:8 98:12, 21
2020 98:25
21 70:19, 22 95:8
219 2:16
24 16:22 19:10, 16
43:6 58:5
25th 1:8 2:8 98:12
2600 1:15 2:7, 20 98:11
2nd 98:21

<3>
3 3:11, 11, 12, 13 69:13,
18 70:4 75:12 82:4
95:8
311 2:13
39 3:10

<4>
4 3:4, 12 79:16, 20
4:55 70:9

<5>
5 3:13 85:11, 15, 18
5:30 57:11
53202 2:17, 20
56 3:11

<6>
6 86:18, 19
60607 2:13
69 3:11

<7>
710 2:16
79 3:12

<8>
85 3:13

<9>
91 3:4
94 3:5

<A>
a.m 1:13 2:9 56:1
71:1 98:13
abdominal 36:22
Aberdeen 2:13
ability 22:23
able 5:4 26:25 36:12
37:5 67:4
above-entitled 2:2
absolutely 52:23 76:10
92:7, 15
abuse 81:19 96:1
abuser 59:21 60:4, 15
accept 92:17 93:3, 7
accomplish 32:20
accred 51:11
accreditation 25:3
48:20 49:9, 24 51:10,
11, 14 91:13, 19
accurately 5:5, 9
acronym 48:16
acting 15:11
action 2:2 98:18
active 84:14 85:6
actual 63:1, 21
add 69:5 88:3
added 14:20
addiction 81:9
addition 20:9
additional 3:18 67:5
77:16 97:9
adequate 92:14
adequately 50:14 67:4
administrative 6:9
45:23 46:4
administrator 25:14
35:6
admit 93:21
admitted 63:22 64:23,
23
advertised 54:19
affixed 98:20
agenda 47:3
ago 4:19 11:3 29:20
41:23 76:17
agree 14:5

ahead 16:4 17:25 18:3
26:13, 17 27:8 51:13
57:23 64:3 76:23 79:3
88:4 90:10, 24 92:22
95:18
al 1:6
Albany 9:3 10:2, 4
alleges 47:22
allowed 37:13
annoying 50:21
answer 4:24 5:5, 18
16:4 17:11, 25 18:4, 6,
8 19:23 23:16 32:22,
23 50:6 69:6 88:2
90:11 95:19 96:11
answering 5:8
anxiety 81:12
anybody 35:21, 24
Anyway 30:17 60:10
apologize 13:14
Appeared 2:14, 17, 21
appears 79:25
apply 13:22, 23
applying 13:6
appointments 20:11, 13
appropriate 32:7 75:4
92:4
appropriately 12:12
April 1:8 2:8 98:12
area 10:21 21:16 50:23
62:21
areas 10:7 50:23
argued 72:20
Armor 2:21 6:16, 17
7:18 8:1, 11 13:2, 3, 6,
11, 20, 22 14:2, 14
15:10 16:16, 16 19:7
22:15, 22, 25 23:11
24:2, 17 29:7, 12, 18
32:2 35:6 38:24 39:12,
25, 25 40:4 41:9, 12, 15
45:6, 7, 9 47:16 48:3,
22 51:22 54:2 55:2, 21
56:9 59:9, 12 61:4, 6
65:5, 19 70:1, 3, 19
79:17 86:9, 13, 18, 19
95:8
Armor's 62:13
Arnold 2:16 39:22
asked 12:13 13:14 71:8
73:23 78:11 84:23
95:23 96:9, 14
asking 4:25 12:25 27:2
37:10, 11 42:2 64:17
66:15 83:15
Assessment 81:17
assign 82:22
assigned 7:7, 11 34:5
43:16 44:22 58:5
67:22 68:22, 23
assignment 68:23
associate 6:4
Associates 9:21

assume 4:25 73:22
88:17
assuming 64:19 70:16
72:16 73:18 78:6, 13
96:20
assumption 74:18 84:12
Ativan 81:12 82:2, 6
attached 3:17 97:8
attempt 51:15
attempted 96:7
attend 29:9 45:22 46:9
47:14
attention 56:21
attorney 98:15, 17
audits 33:5
Aurora 8:2, 3, 8 9:15,
22 65:11 83:4
authority 53:1 64:13
authorized 61:13
automatic 22:22
available 19:17, 18
30:25 31:2 81:13
Avenue 1:15 2:7, 20
98:11
aware 38:11

babies 11:2
baby 57:18 85:7 88:5
89:16
bachelor's 9:3
back 9:9 45:25 46:1
55:12 57:12 62:7, 9, 18
63:1, 2, 7, 15, 19 64:7,
10, 15, 20, 24 65:14
66:4 71:5, 16 72:11, 14,
20 73:4, 18 74:8, 9, 14,
22, 23 77:8, 22 78:15,
22 80:18 84:6, 9, 20
85:4 91:22, 23 92:4, 10
93:4, 6, 9, 10, 15, 22
94:6, 17 96:19, 21, 23
bad 4:22
bank 57:6
based 69:6 84:3
Basically 11:12 16:6
17:5 48:22 76:24
93:15 94:22
basis 36:23 41:4 46:14,
16, 20 74:1
Bates 39:22, 24 69:16
bed 57:11 81:4 84:2
96:21, 24
beginning 28:14 33:11
behalf 2:14, 17, 21 66:1
believe 22:1 24:8 25:12
43:5 49:10 69:2 70:7,
20 84:18 85:20, 25
89:22 90:5 96:11
benefits 14:7
benzo 81:25
best 5:12 93:18, 20

better 12:20 18:25
 26:18 27:12 33:13
 46:6 54:3,6 66:17
 72:24 94:23
big 50:19
binder 42:10
birth 87:22 88:10, 10,
 11 89:5, 24 90:7
bit 23:10 81:21 94:4
blah 63:7, 7, 7
blank 63:15
board 12:3, 3 54:14
board-certified 10:6, 8,
 12
body 50:11
book 27:24, 25 28:1, 13
 31:18, 21
booking 21:21 22:4
 24:8 58:15
bottom 84:25 86:18
bought 9:23
Boyd 85:21 86:3
break 56:3 87:14
Briefly 91:21
bring 12:9 62:9
Broad 16:3 63:25 76:19
broader 46:7
brought 58:7
buck 17:5, 6
building 43:15
BUONO 1:8 2:1 4:2, 7
 11:13 56:3 69:20 70:8
 71:1, 8 78:7 86:24
Bureau 6:5
business 35:18, 20
buzz 48:7

<C >

call 11:2, 12, 12 16:20,
 22, 23, 24 18:13, 14
 19:10, 16, 24, 25 20:9
 21:24 22:6, 11 38:1, 19,
 20 43:14 46:25 57:11,
 14 58:9 59:1 61:12, 15
 69:8, 10, 11 71:9 78:14
 94:21 95:5, 7, 21
called 4:2 17:1, 2, 3
 47:9 58:11 59:4 60:24
 70:23 71:1 72:1 74:21
 77:8 78:7 86:21
Calls 17:9 19:19 77:14
car 94:6
Care 9:19 11:11 17:8
 18:12 30:15 32:7, 9, 15
 45:1, 2 48:1, 12 50:12
 59:19 60:16 63:2, 3, 20
 83:4 93:1 94:17
caring 49:3
carpal 11:24 12:1
cars 88:11
Case 1:5 4:11 11:24
 12:15 23:7 26:3 48:3,

5 65:22 76:13
cases 34:19 63:10
catch 63:16
categories 23:1, 12
category 46:12
caused 60:22
cell 21:15, 15 69:10, 11
 76:5 89:24
cells 21:17
Center 9:19
certain 23:1, 6 25:12
 27:15, 16 50:12 69:1
 84:14 91:11
certification 10:16, 18
 28:19, 23 49:21
certified 25:1 28:18
 49:19
certify 98:6, 9, 14
certifying 50:11
cervical 72:18
cervix 72:9, 9 89:19
chain 19:19
chairman 8:5
chance 71:23 79:22
 85:18
change 14:19 15:6 89:2
changed 9:19 10:17
changes 55:18
characterized 83:22
charges 51:22
chart 58:20, 23 80:12,
 13, 15 83:7
charts 21:11
check 34:10 66:8 72:9,
 18 78:12 85:12 87:12
checking 21:11 67:23
check-ins 33:16
chemistry 9:3
Chicago 2:13
chief 19:6
Christensen 24:3 51:9
 53:14
circumstance 94:25
Civil 2:4 30:15
clearance 60:12, 14
cleared 64:20, 21, 22
 66:8 74:9 93:23
client 56:22
clinic 20:18 44:23 45:4
 68:6, 18
clonidine 81:11, 24 82:6,
 10
close 23:24 67:10
closer 28:18
collect 25:7, 11
College 9:2, 4 10:3
come 20:3 21:15 24:19,
 20 50:16 62:7 63:6, 15
 65:15, 20 66:4 67:20
 71:16 74:14, 23 91:23
 92:4, 10
comes 72:11, 14 80:18
 91:22

Coming 57:10, 12, 15
 60:12 84:6 86:10
commencing 2:9 98:13
comment 30:12 75:7
 90:17
commentary 52:5, 20
commission 48:14 98:25
commitment 91:10
committee 6:11 32:6, 17,
 18, 25 33:3, 4 45:23
 46:4
common 40:25 62:23
communicable 76:25
Communication 3:10
communications 40:9
 77:25 78:22 79:5
company 41:23
compared 67:14
complained 12:11
complaining 36:22
 59:21, 23 60:20 84:21,
 24
complaint 12:2, 9, 10
 47:21
complete 88:2
compound 72:24
computer 42:10, 12
concern 37:20, 24 91:21
concerning 94:24
concerns 22:11 25:20,
 22, 22 26:1 59:15, 17
 86:23 87:4, 7
concluded 97:6
concluding 2:9
conclusion 17:10
condition 5:4, 9
conduct 28:10 45:10
conducted 45:7
confess 26:23
confuse 34:22 62:13
 69:2
confusing 43:11
consent 24:3, 7 51:9
 53:14 91:8
considered 34:23 62:2
 85:9
consist 6:8 21:9 24:18
 25:19
consistent 14:18 71:13
consult 20:16 41:12, 15
consulted 42:6
contact 67:12
contained 40:8
content 40:7
contest 64:12
continue 20:5, 7 93:1
contract 13:20
contraction 84:16
contractions 72:12, 15,
 22 73:13 74:12, 20
 84:15, 21, 25 85:5
conversation 41:1 48:8

91:17 92:2
conversations 38:7 40:9
conveyed 40:8, 18
cool 30:2, 3 31:1, 5, 7
Copies 3:17 55:7 97:8
copy 39:18, 20 69:16
 79:19
Correct 8:18 10:20
 13:3, 4, 10 20:17, 19
 25:15 41:3, 6 48:10, 11
 58:4 71:4, 7 73:15
 74:8 77:4, 9 83:5
 91:11, 12, 15 95:13
correction 18:18
Correctional 2:21 3:11,
 12, 13 6:16, 17 7:9, 11,
 18 8:1, 11 13:11 14:2
 25:5 26:4, 6, 22 27:1,
 10, 14 30:14 36:6, 10,
 13, 16 37:6, 19, 25 38:7,
 15, 18 39:2 40:10
 48:15, 15 89:23 90:6
Corrections 5:24 6:6,
 18 7:1, 4 8:12, 17
 15:13 34:20 49:18
 50:16 54:5, 15, 20
correctly 66:22 82:5
 85:20 89:8 93:24
cosign 17:3 20:1, 6
counsel 98:15, 17
COUNTY 1:6 2:17
 6:17 12:19, 22 13:2, 20
 15:12, 16 16:2 24:2
 28:22 32:5 34:20 35:7
 45:6 48:20 50:13 51:4
 53:13 58:8 65:6 91:3,
 10, 17, 18 98:2
couple 4:17 87:18
 90:22
course 27:12, 17, 22, 22
COURT 1:1 3:16 5:15
 46:1 97:7
court, 81:13
cover 20:13
coverage 21:1
covered 43:13 84:10
covering 19:12 21:25
 22:4, 4
CQI 32:6, 16
create 59:7
creating 51:3
credential 49:4
criminal 51:21
CULBERTSON 1:15
 2:6, 19 98:10
current 5:23 12:6 69:3
Currently 42:11, 23
 81:12, 15
customary 62:17
CV 8:25

<D >

Daily 20:21
data 25:7, 11
date 36:21
dates 7:17
day 2:8 16:6, 22 19:10, 16 20:22 21:25 22:2, 2, 9 33:11 43:6 58:5 79:10 95:7 98:12, 21
day-long 29:11
days 16:22 19:11, 16 42:24 43:6 58:5 80:1
DC 81:20
dead 88:21
dealt 32:18
death 24:8
deaths 47:17, 19
debate 52:10, 12
debriefing 79:12
decide 21:20 62:2 80:18
decided 15:18 45:9
deciding 76:3
decision 22:13, 17 58:18, 21 75:14 93:20
decision-making 22:19
decree 24:4, 7 51:9, 16, 16 53:14, 16 55:19 91:9
Defendants 1:7 2:18, 21 91:3
degree 72:22, 23
deliver 11:2 88:18
delivered 57:10, 15, 16, 17 70:13 77:20 78:24 81:6 83:11 84:1 85:7 96:10, 21, 24
deliveries 11:10 89:1
delivery 73:20, 21 74:13 80:3 81:4, 18 82:15, 23 83:19, 25 86:24 87:3 88:15
delivery, 83:22
Delta 11:1
demanding 64:17
denied 84:25
denies 74:20
Department 5:24 6:5, 18, 25 7:4 8:6 49:18 54:5, 14, 20 62:8 63:19
Deposition 1:8 2:1 4:12 57:5, 21 69:23 91:7 96:8 97:6 98:6, 10
describe 36:15 37:5
described 15:23 55:11 59:25 68:5
describes 71:20
describing 71:14
designate 23:1
designated 23:12
designation 23:6
details 49:20
determination 82:25
determine 33:5

determining 33:12
detriment 93:5
dictated 62:11, 19
dictations 94:3
different 23:11 29:18 88:23 89:10
difficult 51:1 88:5
dilated 72:10 73:1, 7
dilates 89:20
dilating 89:19
direct 41:15
direction 98:8
directly 85:3 98:18
director 14:11, 16 15:11, 16 16:1, 19 19:4 21:19 22:18 42:14 91:16 92:3, 12 94:8
discharge 71:10 95:23
discipline 11:17
discontinued 82:8
discretion 62:1
discretionary 22:23
discuss 36:9
discussed 29:17 55:10 65:2, 4 77:5 86:23
discussing 36:6
discussion 25:19 31:19 48:2 53:11 85:16 87:20, 24
discussions 79:8
disease 76:11, 25 77:3
distinction 26:25 60:19
DISTRICT 1:1, 1
DOC 6:1 7:14 8:10 61:5 62:12 63:13 86:8
DOC's 62:14
doctor 63:6 72:5, 8 74:4 86:5 91:2 96:3
doctors 6:4
document 39:17 69:20 73:7 75:9 95:14
documentation 66:5 91:21, 24 92:5, 14, 17
documented 77:12
documents 57:4, 20 59:6, 10 60:2, 7 69:15 85:21
Dodge 7:9
doing 7:5 8:3 14:1 20:10 32:8 34:18 45:17 48:22 94:3
DON 25:13
door 67:20 68:17
doors 67:22
Doug 69:14 79:19 91:2
Douglas 2:15
Dr 4:7 11:13 14:23 15:9, 18, 19 16:15 18:15, 15, 19, 23 19:3, 17, 17, 24, 24, 25, 25 24:13, 14 25:7, 16, 21 28:7 33:2 41:15 44:7 47:1 55:8, 10 56:3, 15

evidence 95:9
exact 53:25
exactly 46:3 65:21
exam 68:18
EXAMINATION 4:5 90:25 94:14
examined 4:4
example 28:3 34:5 36:11 45:8 66:6
exclusive 68:22
Excuse 16:21
executive 15:21
Exh 3:10, 11, 11, 12, 13
EXHIBIT 3:9 39:5, 6, 8 55:24, 25 56:4, 20 69:13, 18 75:12 79:16, 20 85:11, 15, 18 95:8, 9
exhibits 3:16 97:7
exit 55:3
expect 40:17
expectation 67:21
expectations 27:16
expected 15:3 27:13
expensive 49:25
experience 38:14 50:13 89:21
experienced 73:14
experiencing 72:22
expert 89:20
expires 98:25
explain 16:18 26:19 27:3 55:5 62:22 91:25 95:4
explained 14:24
explaining 61:2
Exum 70:21 71:20, 25
eye 76:1

< F >

facilities 25:5
facility 7:7 20:3 27:10, 14, 16 49:24
factors 60:21
fair 5:1, 2, 15 28:6 40:14 41:2, 5 49:6 52:4 61:16 72:21 73:12 78:16 86:10 87:6, 8, 19 92:5, 8, 9
fairly 25:11
faith 91:18 94:5
Falls 9:21
familiar 13:11 24:3 30:6 31:2 39:15 51:21, 24, 25 69:20
familiarize 79:22
family 24:9
far 24:21 35:23 55:13 93:2
farther 71:19
fashion 67:23
fast 83:20
faster 54:25

fault 88:1
favor 12:4, 15
Federal 2:3
feel 38:2 73:25 87:24, 25
fellowship 9:10
felt 92:12
field 62:17 89:21
fields 88:10
files 33:5
fill 59:11 63:14
finally 47:2
financially 98:17
find 25:18 72:21 73:7
findings 55:10
fingers 72:18
fingertips 49:21
finish 37:2
first 4:3 7:1 13:5
18:13 34:6 56:15
58:11, 12, 15 61:11
64:6 69:17 72:12
82:17 86:2 89:5 91:8
five 8:9 42:22, 22 43:1
fix 90:3
floating 7:8
Floor 2:13 67:9
Florida 29:13 30:21
FMLH 71:9
folks 65:20
follow 74:16 82:2
follows 4:4
follow-up 63:6 94:12
forget 24:20
form 26:14 27:4 30:10
33:18 34:11 36:24
37:8, 9 38:12 41:20
42:7 50:4 51:5, 12
53:4, 4, 6 61:1, 18 62:8,
10 63:13, 24, 25 66:11
67:25 68:25 78:25
83:12, 16 89:25 90:2, 8
92:21 95:11, 12
formal 48:4
format 68:3
forms 59:6, 10 62:16
formulary 30:22, 23, 24
forth 64:7, 10 93:15
94:6
Forty 11:11
found 12:4, 15 74:8
Foundation 32:21 33:7
44:9 50:3 51:12 61:19
67:25 69:6 76:20 90:2,
8
four 9:5
frequency 46:15
frequently 66:9
Froedtert 58:16, 19
65:13, 20 71:21 72:25
73:2, 3, 8, 13, 14 83:3
84:1 95:21 96:19

frustrating 94:7
fulfill 25:8
fulfilling 55:19
full-time 7:15
functioned 23:8
funneled 54:24
further 98:9, 14

< G >
Gable 14:23 15:18, 19
16:15 18:15 19:17, 24,
25 28:7 33:2 41:15
44:7 47:1 56:15 65:3
86:24
Gable's 15:9 18:23
GAYNOR 2:15
general 7:20 9:8 10:25
21:17 25:24 35:15
36:9 42:5 45:14 80:17
81:20
generally 25:10 47:10
gestures 5:19
gesturing 18:12 48:25
49:1
getting 28:18 49:3, 20
51:18 57:14 64:11
gig 16:20
GINA 1:8 2:1 4:2
give 12:12 31:11 63:3
69:15 89:4
given 4:12 26:5 29:6
31:13 40:3, 7 55:7
56:9 66:25 71:24
81:11 88:10, 10, 11
giving 87:22 89:24 90:7
go 13:23 16:4 17:25
18:3 21:13, 15 23:2, 13
26:13, 17 27:8, 23
29:21 34:9 46:12
50:16 51:13 53:10
61:13 63:3 64:3 68:17
70:1, 6 75:15, 22 76:23
79:3 80:16 85:13
87:11 88:4 90:10, 21,
24 92:22 95:18
goes 63:13 84:9
going 4:25 5:12 24:21
25:20 36:11 37:16
39:4 40:24 41:12
50:20 52:9, 20 55:23
66:3, 9 67:19 69:12
79:15 80:19 85:10
88:3, 18 94:6 96:2, 3
Good 4:7, 8 14:7, 8
31:9, 12 64:10 91:18
94:5, 17
goofy 73:3
gotten 53:18 61:16
66:1 74:5 78:14
government 54:21
graduated 9:2, 4
gravida 59:19 60:15

73:25
Great 5:7 79:25
grew 9:13
guard 67:10 68:10, 16
guess 11:13 13:18
GYN 10:21 74:14

< H >
halfway 86:20
hall 68:6, 17
hand 12:12 98:20
handbook 29:6
hands 81:14
happen 18:10 89:17
92:6 95:4
happened 72:3 88:14
95:1 96:23
happening 25:18 64:8
happens 41:2
Health 2:21 3:10, 11, 12,
13 6:5 9:8, 11 10:10,
12, 22 35:5 82:3 86:6
healthcare 26:4, 6, 7
27:1, 1, 9, 10, 11 33:16
36:2 48:15, 16 77:8
82:3
healthcare, 26:23
hear 48:6 57:17
heard 26:3, 22
hearing 48:5 57:10, 16
held 53:11 85:16
help 38:2, 19, 20 51:15
helping 6:11
helps 18:17 27:18
here, 17:6
hereunto 98:19
heroin 59:20 60:4, 15
96:1
hey 22:11
hierarchy 19:1
higher 67:17, 18
highest 8:19 17:20
67:14
high-risk 60:18
HINSHAW 1:15 2:6, 19
98:10
HIPAA 36:8
hire 15:18
hired 7:14
history 74:4, 6 81:19
HOC 15:12, 13
hold 14:15
home 43:18
Hoover 70:8
hopefully 86:2
horrible 76:10
Hospital 11:1 21:10, 21
22:14 36:19 40:21
61:2, 13 62:18 65:17,
18 71:2, 6, 11 76:13
77:22 78:23 80:19
81:10 82:7 84:8 91:22
92:3 93:6, 7, 10 95:2

hours 16:22 19:10, 16
20:18 29:11 43:6 58:5
77:6, 20 83:10, 24 84:1
85:7 89:11, 12
House 15:13
housing 22:21 67:15, 18,
19 75:15
HSU 25:13
huge 50:17 62:20
hundreds 77:14
hunt 65:1 66:23
hunting 66:24

< I >
ice 63:5
idea 53:15 64:18 77:2
identification 39:6
55:25 69:18 79:20
85:15
IDENTIFIED 3:9
identify 33:6
ill 40:17
Illinois 2:13
implies 23:6
improve 32:8, 14 55:14,
15 65:8, 8
improvement 32:2, 4, 18
65:7
incident 42:1 45:8, 9
57:7 65:23 79:9, 13
include 6:10 71:6
including 8:12
increase 67:1
independent 57:1 60:1,
3
indirectly 98:18
individual 20:3 24:8
25:15 36:18 93:23
individuals 33:22
industry 9:25 30:6
inefficient 52:14
infectious 76:11, 25
infers 34:12
infirmary 23:3, 4, 5, 6
33:17 34:6, 13, 23 82:1
infirmary, 34:17
infirmary's 34:6
informal 48:8
information 22:16 25:8
31:13 40:18 47:21
63:1, 2, 21, 23 67:2
71:10, 17, 20, 25 75:8,
11 84:3, 11 92:10, 25
informed 71:2 72:25
73:13 78:7 95:25 96:2
initially 14:22 27:9
47:1
Injury 9:19
inmate 12:9 22:19
36:11, 13 47:22 64:14
91:22
inmates 23:2, 13 31:20

34:10 47:17 92:3
in-service 29:14
in-service-type 29:10
insofar 34:12
instance 2:3
institution 49:4
instruct 66:19
instructed 38:1 66:18
intake 17:3 20:1 59:14
intending 82:18
intense 47:23
interact 25:24
interactions 24:14
interchangeably 34:18, 21
interest 93:18, 20
interested 13:6 14:3, 4 98:17
interim 96:23
internal 8:7 9:5, 14 10:9, 16
Internet 27:22 31:25
interrupt 5:13
interval 36:23
interview 13:23 25:17 55:3
interviewed 15:19
introduced 91:2, 6
investigated 12:15
investigation 11:22 45:10
involved 47:10 49:20 58:24
involving 56:22
ish 53:24
isolation 76:4, 9, 16 87:22 90:7
issue 18:14 50:17 62:20, 22, 23 66:5
issues 20:16 36:6, 10 55:14
ITEM 3:22
IV 59:20

< J >

Jail 12:19 13:2, 20 15:12, 16 16:2 17:8 20:11 21:6 23:4 24:2, 7, 10 25:18 28:7, 14, 22 29:1 32:5, 19 34:20 35:7, 22 36:4 41:9, 13, 16 45:6 46:22 47:13, 17, 18 48:20 50:13 51:1, 4 53:13, 17 58:8 60:12 62:9, 19, 25 63:22 65:6, 18 67:4 74:19, 19 77:9 86:4, 5, 25 89:24 91:17 92:4, 12, 16, 24 93:4, 21, 22 94:18 95:2
jails 8:13 25:6 31:24
January 98:25

job 9:11, 15 12:1, 6 13:9 14:8, 18, 20 18:23 32:6 48:22 65:1
Join 18:1 27:6 33:19 34:15 37:1 64:1 66:13 76:21
Joseph's 9:2
< K >
Kealoha 1:24 2:5 98:4, 23
keep 72:10 75:25 76:1
kept 84:8, 12, 18, 19
kids 9:13
killin 42:20
kind 7:9 8:25 11:21 16:5, 7 26:7 29:6 46:22 48:25 55:3 56:11 79:12 84:9
kinds 88:7
Kleinhaus 2:12 3:4 4:6, 10 16:8 17:14, 16 18:2, 6, 16, 22 19:9 23:22 25:2 26:10, 12, 16, 21 27:7 30:13, 19 32:24 33:9, 24 34:16 37:2, 4, 12 38:13 39:7, 19, 24 40:2 42:4, 13 44:12 46:5 50:5, 9 51:8, 19 52:6, 11, 18, 21, 25 53:6, 8, 12 54:10 55:23 56:2 61:21 64:2 66:16 68:4 69:4, 7, 14, 19 76:22 79:2, 17, 21 83:17 85:13, 17 87:10, 17 90:1, 3, 4, 9, 15 92:21 95:11, 14 97:3
knew 83:23 88:24
knocking 67:20, 22
Knott 2:15, 15 3:4 18:1 23:15, 19 27:6 33:7, 19 34:14 36:24 37:8 39:18, 21 50:4 51:12 63:25 66:13 67:25 68:25 69:5 76:18, 21 83:16 89:25 90:2, 8, 22 91:1, 2 93:16 94:10, 13
know 10:15 14:23 15:15 16:5 23:24 24:10 26:3 28:20, 25 29:3 31:14 32:22 33:2, 4, 5, 8 34:9, 17, 22 35:14, 18, 21 36:9, 14 37:15 38:6, 22, 24 39:15 40:25 41:11 48:17 49:8, 14 50:7 51:9 52:15, 22 58:22 61:5, 8 62:18 63:12 64:9 66:7, 9 67:24 68:1, 2, 3 71:24 74:11 75:6, 9, 11 79:9 82:10 84:10 87:6 88:5, 19

89:4 90:12, 13 92:20, 23, 24
knowledge 13:19 17:19 53:13
known 83:9
Kwame 47:22
< L >
labor 36:11, 14, 15, 16, 18 72:15 73:20, 21, 22 74:10, 13, 14, 15, 23 83:10, 23, 25 84:7, 13, 14 85:6 88:15, 16 89:11 96:1
labor, 75:7
labor.' 74:24
labors 89:13
labs 21:12
lack 18:25 91:21
lady 11:23 57:10
lag 94:4
Lakeshore 8:2 9:22
lawyer 30:15
learn 13:5
learned 24:6 56:12
leave 94:5
leaving 54:1
left 29:3 55:2 70:9 77:6, 19
legal 17:10, 17, 23
LEIB 2:15
level 8:19 17:20 18:11 23:6 25:24 67:14, 17, 18
liability 17:18
license 11:18, 22
liked 31:8
limitations 27:15
limited 41:18
listed 95:24
literally 68:19
little 23:10 46:7 52:9 71:19 81:21 94:4
live 52:3
LLC 2:15
LLP 1:15 2:6, 19 98:10
located 10:3
location 41:8
locked 68:15, 17
locums 6:19
lodged 51:22
LOEVY 2:12, 12
logic 74:16
logical 75:18
long 6:1 7:13 8:8 11:3 15:15 16:11 83:23
look 28:5 39:20 56:4 69:16, 25 71:19 79:18
looked 14:7, 8 72:5, 6
looking 54:13
lose 47:24 50:17, 18, 20
lot 14:4 30:15 42:23
loud 5:18
< M >
M.D. 1:8 2:1 4:2 8:21 9:4
M.D. 8:23
machine 69:15
main 77:1
maintain 10:17
maintained 41:10
major 49:13
making 20:10 21:10 36:1 46:6 60:19 61:15 74:18
man 12:7
management 31:15
March 56:22 58:8 77:7 80:3
Margaret 70:8
mark 39:4 55:23 69:12 79:15 85:10
marked 39:6 55:25 69:18 70:1, 3, 4 79:20 85:15 86:18
master's 8:21, 23 9:10
materials 32:2
matrix 51:4 54:7
matter 86:16
Maxim 6:19, 21 7:14 54:8, 9, 11, 15, 16, 24
M-A-X-I-M 6:21
M-A-Y 18:19
Mays 18:15
mean 17:7, 17, 18 20:2 25:21 29:10 31:11 34:24 40:15 43:16 45:13 46:3 48:17 53:9 56:13, 14 57:3 58:10 60:10 62:4 66:18 68:9 75:8, 9 82:16 83:6 85:24 95:2
meaning 82:19, 21, 23
means 71:5 78:21 80:25 81:13 82:2 83:7 84:14 85:4
meant 53:20
mechanism 91:14
medical 5:3, 9 6:4 8:2 9:4, 8, 20 10:2, 25 12:3, 3 14:10, 15 15:11, 16 16:1, 18 17:8, 19, 24 19:4, 7 20:14 21:16, 19 22:17, 18 23:8 24:12, 13 25:9 35:19 36:6, 10, 17 42:14, 16 45:1, 2, 9, 23 46:4 47:25 49:10 50:14 58:1 60:12, 13 63:21, 23 66:2, 5, 8, 25 67:7, 8, 13 68:5, 8 79:25 82:18, 21, 23 91:16 92:3, 12 93:13 94:8
medical-director-level

17:2
medically 63:8 92:24
medication 5:3, 10 12:13
medications 17:4 20:4, 6, 7 30:9, 24
medicine 8:4, 6, 7 9:6, 10, 12, 14, 17 10:9, 9, 10, 13, 14, 16 11:25 14:2
meet 49:15 51:16, 17 91:10, 14, 18
meeting 24:21 29:16 46:23 47:3, 5, 8, 10, 12 48:4 55:11 65:10, 12 97:4
meetings 45:23 46:4, 8, 25, 25 47:14
member 36:16 37:25
memory 57:6, 6
Menomonee 9:21
mental 8:15
mention 22:25
mentioned 19:10 20:1 21:3 38:18 48:14
Message 70:9, 12 77:6, 19 78:3, 24
met 50:11 80:10
meticulous 75:25
Michael 2:19
midwifery 10:21
MILWAUKEE 1:6, 16 2:7, 16, 17, 17, 20 6:17 12:19, 22 13:2, 20 15:12, 16 16:2 24:2 28:22 32:5 34:20 35:7 45:6 48:20 50:13 51:4 52:3 53:13 58:8 65:6 91:3, 17 98:2, 11
mind 30:1 53:1
mindset 40:23, 24
minute 68:20
minutes 47:5 84:17 85:5 87:12 89:18
miscarriages 88:25
mistaken 10:1
misunderstood 60:17 68:11
mix 45:17
Mm-hmm 56:6 71:22 85:19 86:1, 22
moment 39:8, 14
monitor 24:12, 13 25:9 82:1 93:14 94:23
monitored 93:23
months 36:20
Moore 47:22
Moore's 48:3, 12
morning 4:7, 8 20:24 21:9 33:11, 15 48:7 57:11, 14, 16 64:17 77:6 81:17
move 53:8
multip 59:18 60:4

multiple 59:18 63:10, 10 93:9 94:3, 3
<N>
naive 30:14
name 4:9 9:20 23:23 31:23 44:20 47:7
named 47:22
names 15:20
nap 43:19, 21
national 48:14
NCCHC 24:25 25:1 27:12 28:2, 13, 18, 23 31:19, 24 49:18 91:13, 18
NCHC 24:23
NCHCC 24:24
necessarily 64:10 89:15
necessary 36:7 71:17
need 34:9 36:8 55:14 67:2
needed 21:12 23:2, 13 55:13, 18 74:1
Needs 3:10 31:19 38:2 40:11, 20 80:16
Neither 52:8
never 10:20, 23 72:21, 21 73:9, 11, 12 74:7 87:19 96:14
New 10:4 30:9 71:2, 6
newspapers 52:1
nice 97:4
night 22:5 58:6 61:10
nighttime 22:6 79:6
nine 36:20
nine-to-five 16:20
non-isolation 76:5
North 2:13, 16
Notary 2:5 98:5, 24
note 62:11, 19 70:20 80:21 82:5, 14 83:7, 10 84:22 85:24
notes 70:7, 7 72:3, 4 73:2 75:1 83:3 87:12
notice 2:4
noticed 72:12
notified 70:8
number 39:22 69:16 84:15 88:22
numbers 23:21
nurse 16:23, 25 18:12 20:15, 25 21:4, 24 22:3 34:5 37:21 42:16, 18 43:4, 5 44:13 58:10 61:11, 12 68:14, 22, 23 70:21 71:20, 21, 25 74:21 78:18 81:15 84:4, 23 95:23 96:4, 4
nurses 16:25 18:13 22:10 56:17 59:15 60:23, 23 61:10 64:18 68:9, 18, 19
nurse's 75:7 84:11, 22

nursing 20:5 25:13 34:3 43:24 44:5, 6, 11 46:17 67:9 87:20 94:19 95:5
<O>
oath 4:3
OB 10:21 11:11 74:14 86:5, 8 96:19
Object 26:8, 14 27:4 30:10 33:7, 18 34:11 36:24 37:3, 7 38:10 41:20 42:7 50:4 51:5 52:5, 16, 18 61:18 63:24 66:11 67:25 68:25 76:18 78:25 83:12, 16 92:21
objected 52:19
objecting 18:4
Objection 16:3 17:9, 22 18:1 26:11 27:6 52:7, 22, 24 53:2, 5 63:17 69:5 95:11
Objective 70:24
obs 80:23 81:3
observation 23:9 67:1, 5, 14, 17
observe 37:21
obstacle 51:10, 11
obtain 48:20
obtained 71:20 95:10
obtaining 48:21 49:19
obvious 92:1
occasions 93:9
occupational 8:4, 6 9:10, 12, 16 10:8, 14 11:25
occur 46:18
occurred 45:9
occurs 88:6, 6
offended 11:15
offense 32:15
offer 54:3, 6, 17
offered 28:2
office 98:20
officer 9:9 10:25 19:7 36:13 37:6 38:15 67:21
officers 38:8, 19 39:2
official 48:10 71:9
oftentimes 64:16
Oh 24:16 31:6 42:20 57:19 68:9 71:15 85:13 95:16 96:11, 13
Okay 4:15, 17, 20 5:22 6:7, 24 7:24 8:10, 15, 19 10:15, 20, 24 11:6 12:14, 24 13:5, 11, 14, 22 14:9, 14, 25 15:2, 8, 15 16:11, 14, 18 17:6 18:9, 17 19:14, 22 20:1, 9 21:8, 19 22:8 24:1, 17 25:7, 23 26:1 27:9, 18, 21, 25 28:5, 17, 20 29:21, 25 30:16 31:10,

13, 17 32:1, 20 34:17, 25 35:1, 14, 21 36:20 37:23 38:4, 21 39:4, 14 40:1, 3, 13, 22, 24 41:7 42:5 43:2, 8, 10, 12 44:1, 4, 6, 13, 22 45:4, 16, 21 46:2, 11, 21, 24 47:12, 20 48:8, 24 49:16 51:24 52:2, 25 53:21 54:22 55:2, 17 56:20 57:9 58:2, 4, 10, 13 59:25 60:17 61:1, 10, 22 64:4 65:25 66:3 68:5, 21 69:4, 12, 25 70:15 71:19 72:14 73:10, 12, 17 74:16, 25 75:5, 12, 23 76:12, 24 77:11, 13, 21 78:16, 21 79:5, 8, 15 80:14, 21 81:7 82:5, 10, 14, 21 83:9 84:9 85:3, 8, 10, 20 86:1 87:6, 10, 14 89:22 90:14, 24 91:5 92:16 95:4, 16, 21 96:6, 25 97:3
Okey-dokey 87:9
old 23:5 57:25
on-call 43:18, 18, 20 58:6, 6
once 13:24
ones 69:22
one's 67:19
online 54:12
on-site 65:20
open 72:19, 19
opiate 81:9, 19, 25 82:12
opinion 11:25 50:8 88:22 89:2 91:17
opposed 67:11
oral 95:1, 10
order 25:8 28:3 49:8 54:14 67:3, 5 75:21 76:7 78:4, 5 93:1
ordering 21:12
orders 17:3 20:2, 7 66:6, 25 71:3, 6 75:21
Organ 85:21 87:2
organization 25:3
Organ's 85:24 86:3
Original 3:16, 17 97:7, 8
os 72:18
Outside 47:12 83:4 86:9
overly 63:25 76:18
<P>
p.m 2:10 56:1 87:16, 16 97:6
PAGE 3:9, 22 39:9 69:25 70:3 72:12 86:18, 20 96:3
pager 69:9

paid 86:11
 pain 12:13 36:22 47:23
 paper 95:24
 papers 77:23 78:23
paperwork 64:12, 17, 18, 24, 24 65:1, 11 66:18, 21, 23, 25 73:4, 9, 11 83:8 93:24, 25 94:18, 20, 21
par 49:11
Parallel 44:3
part 11:10 24:9 32:3 34:6 36:1 48:19 51:3 55:18 58:18, 21 60:3, 6 70:10, 24 86:25
particular 14:1 29:25 45:8 46:21, 24 47:7
parties 98:16
pass 79:19 88:20
passed-down 56:11
patch 81:11, 24 82:6, 10
patient 20:11 21:6 22:12 33:5 36:15, 18 37:21, 22 38:2 40:10, 17, 19, 20 59:7 60:18 61:1 63:2, 20 64:7, 9, 11, 13 65:14 71:5, 11 72:3, 14 74:6, 12 77:2 78:8 81:17, 18 84:23, 24 85:3 86:23 92:10 93:1, 3, 7, 12, 14, 18, 21 94:5, 16, 17, 17 95:25
Patients 3:10 6:9 20:15 21:11 23:12 49:3 62:7, 24 66:1, 4 67:8 71:16 92:13 94:3
patient's 38:15 87:3 93:5
patterns 33:6
paycheck 14:4
pediatrics 9:5
people 15:20 21:5 26:3 32:7 33:17 40:16 42:23 43:16 52:1 56:10, 18 63:18 92:17 93:12, 13
percipitous 81:4, 18 82:14
performance 28:11
period 14:15, 19 15:2 66:24 73:6 79:6 84:1, 15 85:6 89:13
periodic 29:11
periodicity 46:19
permanent 7:2
Perry 35:13 47:2
Perry's 35:14
person 15:18 17:20 21:25 33:16 35:9, 12 36:20 37:14, 19 43:14 46:21, 24 61:16 66:7, 9 73:21, 25 88:16

personal 98:8
person's 44:20
perspective 40:25 67:13
pharmacy 29:24 30:21
phone 19:19 57:14 64:16 66:2 69:10, 11 71:21 77:14 85:12
phrase 26:22
physical 72:8
physically 81:14
physician 7:6 8:5 19:14 44:16, 17, 22 63:14, 21
physicians 62:18
physician's 62:11, 19
piece 5:17
ping 93:5, 19
issing 64:12
place 9:23 48:23 49:12 94:22
placed 80:22 81:3, 11 95:21
placement 80:17
Plaintiff 1:4 2:3, 14 4:11 47:22
plaintiff's 47:21
plan 51:3 71:19 81:20 86:21
play 93:5, 19
please 10:3 27:3 28:21 33:13 37:3 39:14 53:1 56:14, 25 60:11 69:25 70:19 77:16 80:6 81:2 83:1 86:17 91:25
plenty 41:24
pod 22:21 67:18, 19 75:16
pods 67:15
point 14:20 72:1 73:5 83:2, 8 95:8
policies 22:22 23:1 36:1, 2 41:9, 13, 16, 24 42:6, 11 69:3
Policy 3:11 6:11 23:3, 11, 20 33:21 34:3 35:2 37:13, 17 38:7 39:12 40:7, 14 55:22 56:7 92:16, 18, 24
pong 93:5, 19
pop 89:16
population 51:2 80:17 81:20
portion 71:8
position 6:3, 14 7:2 13:5, 7 14:3, 10 16:19 53:2 54:1, 18, 19, 20 92:13 93:14
positions 54:13
possibilities 34:7
possible 88:18
post 81:3, 18
practice 8:8 11:20 36:5

practiced 10:21
practicing 13:2
practitioner 21:1, 24 43:6 58:10 61:11, 12 78:18
practitioners 16:24, 25 18:12 20:15 21:4 22:3 42:16, 18 43:4 44:13
preceding 98:6
precipitous 82:23 83:22 85:9
predicted 88:14
prefer 92:9
preference 91:23 92:2, 19
pregnancies 59:18 74:2 88:9, 23
pregnant 31:20 36:21 60:5 73:23, 24 75:20
premise 26:8
prenatal 59:19 60:16
prepare 57:5, 20
prescribe 30:9
prescribed 82:7, 11
present 72:15 84:24 85:1
presentation 29:22 30:8, 21 31:6, 7, 9, 12, 14
presented 29:18 30:4, 20 31:4
pressure 59:21 60:6, 20 73:14 84:25
pretty 4:18 14:7 16:10 40:15 48:9 97:1, 1
prevent 5:4, 8 77:3 87:21 89:23 90:6
preventative 10:10, 12
Previous 46:1 89:1
primary 16:24
Prior 7:25 11:7 13:12
prison 12:8
prisons 8:13 25:4 31:24
privacy 21:18
probably 83:7
problem 63:10 65:2, 7 71:13
problems 81:15
Procedure 2:4
PROCEEDINGS 4:1
process 13:23 48:19, 21 91:13
profession 27:2
professional 11:16 32:14
proper 26:10 52:6, 21, 24 66:4 94:18
properly 49:12
protocol 75:22 81:25 82:1
protocols 75:19
provide 22:15
provided 3:17 16:1, 14, 15 17:8 38:24 97:8

provider 42:17 46:16 47:13 62:21 63:14 66:2 73:23 82:3, 3 94:2
providing 88:22
prudent 92:25
Public 2:5 9:8, 11 10:9, 12 98:5, 24
purpose 76:15
pursuant 2:3, 4
put 6:25 12:2 22:23 41:7 49:10 56:20 63:5 67:7 72:17 75:12 76:4 81:14, 25 87:9 93:13 94:22
putting 48:23 49:7
< Q >
qualify 49:9
quality 32:1, 3, 9, 14, 18
question 4:22, 22, 24 12:24 19:23 22:9 23:10 26:9, 15, 20 27:5 30:11, 18, 20 34:4, 12 36:25 37:3 38:12 39:11 41:21 42:8 45:25 46:1 66:12, 20 72:24 79:1 83:13, 21 86:3, 15 90:11, 19 95:19 96:9
questions 21:4 25:17, 20 52:17 87:15, 18 90:23 94:13
quicker 15:8
quickly 54:14 89:5, 6, 17, 17, 20
quite 33:23
< R >
Racine 7:11
ramped 14:22 15:23
Randal 2:16
rapid 82:24 83:19
rate 86:16
reach 16:25 96:7
reached 61:11
reaction 96:14
Read 28:1, 13 31:21 32:1 45:24 46:1 85:23
reading 21:11 80:4 85:20
really 15:7 31:5 32:23 64:4 67:11 87:25
reason 10:5 29:25 38:3 40:15 41:18 49:17, 23 50:22 54:1 72:4 76:7 80:14
reasonable 40:16, 16 88:17
reasons 50:1
REBECCA 1:3 4:10 56:22
recall 7:16, 19 15:20 16:17 18:24 23:14, 17,

18, 20 26:2 28:12, 15, 24 29:5, 8, 15, 19 31:16, 21, 23 33:1, 3, 20 34:3, 8 35:2, 8, 10, 11, 16, 25 38:17 39:13 40:5, 12 41:12, 14, 17, 25 42:2, 9, 20, 24 43:4 44:19, 20, 21 45:12, 13, 15 47:8, 15, 18, 19 48:2, 4, 4 51:7 53:25 59:5, 9, 10, 12, 17 60:7 61:4, 6, 9 62:10 65:21 67:3, 6 70:12, 14 72:1 75:17 77:10 78:5 79:11, 14 87:2
receive 38:22
received 39:12
receiving 47:25
Recess 56:1 87:16
recollection 41:19 42:5 57:2 58:24 59:13 60:1, 3 77:15
record 4:9 49:10 52:10 53:10, 11 58:1 74:19 79:25 85:14, 16 87:11
recorded 98:7
records 57:24
reduced 98:7
regarding 37:17, 20 86:24
regular 20:18 22:20 33:16 46:16, 20 47:10 75:15
regularly 33:23
reject 92:15
rejecting 92:13
relate 39:10
related 11:18, 22 12:1 24:7 26:6 47:21 58:2
relative 98:15, 16
release 64:13
relying 60:2
remember 5:18 16:13 29:23 40:13 45:19, 20, 21 46:14, 15, 19 47:9 49:13 57:9 74:22 75:20 79:5 94:1 96:12
remind 5:20, 20
renew 10:15
rephrase 4:23 12:20 17:14 57:12
Report 3:12, 13, 14 35:9 44:6 95:1, 7, 10
Reported 1:24 35:10, 12 44:1, 11
reporter 3:16 5:15 46:1 97:7
reporting 35:17
reports 55:8 81:15
represent 4:10 39:9 47:20 58:14 70:20 80:7 91:3

representing 30:13
reproductive 10:22
request 94:19
REQUESTED 3:22
required 29:9 34:1 45:22 46:9 47:14 55:3, 5 59:6
requirement 33:15
requires 36:17
resolve 18:14
resource 31:15
resources 31:15
responsibilities 15:6 35:15
responsibility 11:4 19:15 21:20, 23
responsible 11:2 17:7, 13, 13, 17 20:10 38:23 44:14
result 47:25
retained 3:16 97:7
return 71:2 78:7
returned 9:14
review 39:8, 14 45:7, 10, 12, 14, 15 48:10 57:4, 20, 23 71:23 80:16 85:18
reviewed 12:3 57:24 58:20 60:2 69:22 80:9, 12, 13 83:7
Reviewing 39:17 58:23 80:14
ridiculous 53:9
right 8:17 9:2 10:20 11:15 13:9, 17, 19 18:9, 21 19:1, 20, 21 30:13 31:9 32:12 33:25 34:5 43:3 48:17 49:2, 5, 7 53:22 54:7 55:19 56:3 64:5 66:19 67:21 68:16 70:23 73:21 75:12 76:14 78:20 80:4, 19 84:7, 22 87:7 94:10 96:8
rights 30:16
roadmap 51:17
role 6:7 14:21, 22 15:4, 9, 16, 24 16:12 21:19 22:18, 19 25:8 33:12 35:18, 19, 20 42:14 48:12, 21 76:3 86:4
roles 44:3
room 43:18, 20 56:10 59:8 62:25 64:20, 21 83:25
rooms 68:19
rough 11:14
round 21:1
rounded 33:23
rounding 33:21 35:3 66:6 68:2
rounds 20:14, 20 21:8, 10, 10 33:10, 14 68:2

routine 46:14 47:12 55:11
RPR 1:24 2:5 98:4, 23
rule 96:1
Rules 2:4
run 46:25
rundown 8:24
Russart 2:19 3:5 16:3 17:9, 22 18:5, 8, 10, 18, 21 19:6 23:17 24:25 26:8, 14, 18 27:4 30:10 32:21 33:18 34:11 37:1, 7, 9 38:10, 12 41:20 42:7 44:9 45:24 46:2 50:3, 7 51:5 52:5, 8, 16, 19, 23 53:4, 7 54:8 57:24 61:18 63:24 64:1 66:11 76:20 78:25 81:21, 23 83:12 87:14 90:19, 24 94:12, 15 95:12, 16, 17 96:25
Rusty 35:13 47:1
< S >
safety 94:16
saw 54:13, 19 63:22 73:9, 11
saying 57:15 58:22 68:12 78:24 89:8 92:1
says 63:5 70:8, 18 71:1, 8 72:11 74:19 78:6, 9 86:23
Schupp 1:24 2:5 98:4, 23
se 32:6
seal 98:20
search 13:9
second 16:23 22:6 39:20 58:9 61:12 78:24 85:12, 14 89:5
section 70:22 86:20
security 93:12
see 6:9 7:3 20:15 21:3 24:21 42:23, 25 56:3 64:25 65:6 66:17 70:10, 24 72:19 75:2 77:2 78:2, 12, 16 80:18 81:5 86:21, 25
seeing 94:2
seen 56:7 72:16 74:12 80:5 83:3
send 22:12 53:1 56:18 58:18 59:1, 7, 15 60:22 62:18, 24 63:1, 1 64:7 72:20 77:18 78:11
sending 56:9 65:14 93:6
sensation 59:22 60:21
sense 17:18 26:24 27:19 35:15 40:25 58:21
Sensia 9:19

sent 21:21 22:14, 16, 20, 20 57:24 58:15 59:24 60:10 61:1, 2 63:18 64:20 73:4, 18, 19 74:8, 9, 21 78:5, 13, 18 92:3, 11 93:9, 10 96:19, 20
separate 17:23 77:2
serious 45:8 62:2
Seriously 50:24
service 6:23 9:8 54:16, 17
Services 2:21 3:11, 11, 12, 13 6:5 35:5 55:22 56:5
set 20:13 98:20
settlement 24:9 91:10
seven 16:22 19:10, 16 43:6 58:5
shadow 16:11
shadowed 16:9
Shansky 24:13, 14 25:7, 16
Shansky's 25:21 55:8, 10
share 26:1
< ' >
'She 74:22
< S >
sheet 63:5
sheets 63:20
shift 16:21 34:6 43:3, 9, 17, 17 68:24
shocking 97:1
shortly 60:16
show 39:4 69:12 79:15 85:10
showed 16:6 65:16
shows 50:11
sic 81:4, 18 82:15
side 41:7 50:14 56:20 75:13 87:9 94:1, 2
signs 81:16
similar 19:15
simple 86:2
sitting 68:9, 10
situation 94:7
situations 88:7
skipped 61:23
Slow 81:21 83:20
SMU 20:20 21:5, 8, 13 22:20, 24 23:2, 4, 13 33:10, 15, 21, 23 34:19, 24 35:3 36:12, 13, 18 37:25 38:15 57:18 65:13, 15, 16 67:13, 22 68:7, 8, 14, 15, 15, 20, 24 75:15, 22 76:4, 16 80:23 81:3 82:8 83:4 96:10
SOAP 80:21

solving 65:7
somebody 76:24
somebody's 43:19
sorry 12:19 18:20
20:12 23:15 28:20
30:17 33:12 39:1, 19
42:21 54:11 77:16
80:5 81:22 88:2 90:1
sort 15:2 32:10 40:24
45:14
sound 43:3
source 75:6, 7, 11 84:11
speaking 92:25
speaks 95:14
special 20:14 23:8 67:7, 8
specialist 86:10 88:15
specific 7:7 20:22 21:5
40:6 41:5, 8, 25 45:12
46:19 55:16 67:3
82:18 84:11
specifically 25:10 42:2, 3 43:5 46:14 56:11
spoke 95:22 96:4
spontaneous 88:24
spread 77:3
SS 98:1
St 9:2
stable 96:20, 24
Staff 7:6 25:12 34:4, 20 36:6, 10, 16 37:25
40:10, 19 42:18 44:16, 17 46:17, 17, 22, 23
47:13, 13 49:11, 12, 12
50:17, 18, 18, 18, 20
55:15 61:10 66:8, 18, 21 77:8, 9 87:20 89:23
90:6 94:20
staffed 50:14 67:4
staffing 23:7 51:3, 4
55:14, 18
stand 40:15
standard 50:12 72:2
standards 24:22 31:24
51:16 91:11, 14
Stands 10:5
start 9:1 50:20 54:6, 11, 16
started 7:9 13:16
15:10 28:25
starting 52:11
State 2:6 5:24 54:23
98:1, 5
statement 52:9 92:5, 8, 9
STATES 1:1 9:7
station 67:9 68:5, 8, 9, 10, 18, 19
status 81:3, 17, 18 84:6
86:17
stay 74:1
step 14:11
steps 94:16

sticks 29:25
stipulate 19:7
stop 82:2
stopped 17:5, 6 29:3
stored 41:9
Street 2:13, 16
stress 88:20, 20
Strike 28:20 33:12
55:6 56:24 58:13 70:2
72:23 77:16 80:5 83:1
strive 91:18
struck 30:21
subcontracted 86:12
subcontractor 86:14
Subjective 84:23
Subjective, 80:22
subjects 84:10
subsequent 73:5 79:9
substantive 17:19
suddenly 88:18
sued 24:9
suffered 47:23
suffering 47:24
Suite 1:15 2:7, 16, 20
74:13 98:11
summary 71:10
superior 19:1, 4
supervise 42:15, 23 44:5
supervised 24:10 35:21, 25 43:23
supervising 44:15
supervisor 25:13 28:8
43:24 44:5, 6, 11
support 17:15
suppose 77:21
supposed 24:20 62:9
72:17
supposing 38:20
Sure 9:1 10:11 25:14, 16 26:22 32:10, 13
33:25 35:16 38:1, 4, 18
39:24 40:6 44:8, 10
45:19 50:10, 22 53:18
56:13 62:15, 17 63:16
66:14 70:17 72:5 74:3, 6, 16 75:3 77:15 78:21
83:14 85:13 86:11, 14
surprised 57:17 96:10, 15, 17
suspect 32:8 42:1
sworn 4:3
symptoms 37:5 38:8, 16
59:25
system 12:8, 10 54:24
57:25
< T >
take 5:19 10:19 27:11
28:1, 5 32:7, 15 39:8, 14, 19 47:5 55:12 58:2
64:13, 15, 23 66:23
69:16 79:18 87:14
93:22 94:4

taken 2:2 14:20 56:1
83:23 87:16 94:16
98:10
talk 5:13 22:10 25:11, 16 37:18 38:14 52:1
55:21 61:24 62:3 95:5
talked 8:16
talking 73:6
target 30:5
teach 56:17
team 15:21
tell 4:23 6:12 8:22
10:2, 24 20:2 24:6
36:12 37:14 46:11
56:13, 18 57:9 60:10
62:22 63:8 67:6 80:25
81:1 86:3 96:16
temp 6:23 54:15, 16
temping 7:3
Ten 4:19 10:19 88:24
tenure 77:14
term 18:25 26:4 32:1
82:14
terms 15:3 17:18 34:21
36:5
TERRY 1:3 4:10
56:23 57:2 58:2, 7, 15
65:23 70:13 75:14
77:7 80:5 85:22 87:22
95:10 96:10
Tess 4:10
test 10:19 28:1 88:20, 20
testicle 47:25
testicular 47:24
testified 4:4
testimony 4:13 52:13
Thank 39:21 46:2 60:8
81:2 94:11
Thanks 23:19 81:23
97:3
Theresa 2:12
thing 8:25 17:2 29:20
31:17 56:12 72:2 73:3
88:5 89:10
things 17:4 23:21
24:21 25:20 29:18
31:1 40:16 49:7, 8, 13, 14 55:16 72:5, 7 88:8
think 7:22, 23 9:24, 25
10:18 17:23 19:5
23:23 29:14, 14 33:22
43:13 50:19 51:11, 14
65:11 74:6 77:5 81:8
84:16 87:10, 12 88:13, 15, 16 90:15 92:1
thinking 41:1 65:16
Third 2:13 76:8 78:1
89:7
Thirty 11:5
thought 17:1 61:24
68:12 95:25

three 6:2 41:22 77:20, 25 83:24 84:1 85:7
88:25 89:4, 6
TIER 57:25
tiers 67:11
till 9:13 66:9
time 13:1, 22, 25 14:14, 19, 24 20:9, 22 24:1, 15
28:7, 14 34:14 42:19
44:18 45:5, 7 47:16
53:16 55:2 57:23 65:5, 19 66:23, 24 67:10
69:8 73:6 83:9, 21
84:15 85:4 89:6, 13
94:4
times 4:15 24:19 63:10
73:24
title 14:16 18:23 24:11
25:15
titled 56:4
titles 35:11
today 5:5 57:21 69:23
87:25
toilets 88:11
told 4:9 55:17 60:24
74:14
top 70:4, 23 72:13
topics 29:21
torsion 47:24
total 7:22 77:25
trademarked 32:11
trained 38:19, 20
training 7:10 11:7 15:2, 25 16:14, 16 26:5
29:10, 11, 12, 16 38:22, 23, 24 41:5 56:9
training-type 29:20
transcript 3:17 4:1
97:8
transcripts 3:18 97:9
transferred 95:22
transpired 45:11
transported 40:20, 21
64:9 93:15
treadmill 88:21
treat 12:11
trenches 49:2
trick 12:24
trimester 76:8
true 23:5 91:14, 24
92:19
trump 8:21, 23
try 5:12, 20, 20 20:5
25:18 32:20 33:6 49:8
54:17 94:25
trying 24:23 32:14
34:22 48:19 49:11
52:12 74:7
tuberculosis 77:1
tunnel 11:24 12:1
turn 56:21 64:5 70:19
86:17

turnover 50:19, 22
Twice 4:16
two 7:22, 23 49:13
78:21 84:17 85:5 87:11
two-thirds 70:1, 6
type 7:4 8:3 31:17
40:18 47:7
types 29:21 38:8
typo 81:8

< U >

ultimately 17:7, 12, 17
47:23
unclear 86:15
uncomfortable 93:11
understand 4:22 23:10,
23 27:20 32:13 34:2
38:4 60:19 65:13 74:6,
7, 17 89:8 91:4, 9
understanding 36:17
37:23 66:22 68:21
71:5 82:5 83:18
understood 4:25 27:13
93:3
unexpected 82:24 83:19
88:12 96:18
unfamiliar 49:17
unit 20:14 23:9, 9 67:7,
8 68:15, 16 76:4, 9
87:23 90:7
UNITED 1:1 9:7
units 76:16
unpredictable 88:8
89:10
unwilling 11:8
unwillingly 10:24
urgent 63:3
use 26:3 34:21 82:14,
18
uses 54:15
Usually 20:24 22:4, 5
54:15 62:10 95:5
utilization 31:14

< V >

vacation 19:12 69:9
vague 34:14 51:23, 25
58:24 59:14 63:25
76:18
Vaguely 57:8
verbal 56:16
verified 20:4, 8
version 32:11
versus 22:20 26:6
50:23 75:15 76:4
violating 36:8
visit 65:20 73:1 85:21
visits 20:11
vital 81:16
vividly 29:23
voluntary 91:9
vs 1:5

< W >

Waited 9:13 63:23
walk 68:16 88:20
want 8:24 38:4 39:20
42:21 45:17 49:24
50:1 55:21 56:21 61:4
62:13 69:2 72:4, 4
74:16 79:18 87:11
90:21 92:6 95:8
wanted 20:16 22:16
28:19 51:17 59:7
60:13 61:24 62:3 67:5
75:3 82:21 86:17
way 12:8 32:7 35:9
43:13 51:23, 25 55:15
70:2, 6
ways 88:12
website 13:9
Wednesday 1:8
week 16:23 19:11, 16
36:21 43:7 58:5 59:20
weekends 20:25 21:2
weeks 75:20 79:10
Well 4:20 8:21 12:25
41:20 50:20 52:11, 25
56:24 70:2 78:16
82:17, 17, 25 84:23
90:8 94:19
went 9:3, 9, 23 13:8
29:13 54:12 64:19
81:10 96:18
We're 13:18 52:9 73:6
78:21
we've 8:16 26:3 77:5
whereof 98:19
wide 72:9
willingly 10:23 92:17
WISCONSIN 1:1, 15, 16
2:6, 7, 8, 17, 20, 20 5:25
6:1 8:10 54:21, 23
98:1, 5, 11, 12
withdrawal 81:10, 25
82:1, 12, 13
witness 2:2 4:2 11:16
16:5 17:12, 15 18:9, 11,
20 23:18, 20 24:24
25:1 26:19 30:17
32:23 33:8, 20 37:10
38:11 40:1 41:22 42:9
44:10 46:3 50:8 51:6,
14 54:9 61:20 66:14
68:1 69:1 81:22, 24
83:14 90:17 92:23
97:1 98:19
woman 30:4 31:4 89:11
women 88:9 89:4, 11, 12
women's 82:3 86:6
wonder 11:8
words 88:25
work 6:11 7:4 8:1, 3,
10, 12, 17 9:19 16:21,